Freudenthal HOME HEALTH

Goals & Explanations

Patient Name: _____ Start of Care Date: _____

Freudenthal Home Health is your PARTNER in Home-Based Healthcare

1. We will explain the care and services you will get from the agency, and discuss any changes in treatment with you.
2. We will discuss a home safety plan.
3. We will discuss **ALL** prescriptions **AND** over the counter medicines that you take.
4. If you have any new medicines, we will explain the purpose of the medicine, how you take it, and possible side effects to report to our agency.
5. We will discuss how to manage your pain so you are comfortable.

Additional Goals & Outcomes:

- _____ Date Met: _____
- _____ Date Met: _____
- _____ Date Met: _____
- _____ Date Met: _____
- _____ Date Met: _____
- _____ Date Met: _____
- _____ Date Met: _____
- _____ Date Met: _____
- _____ Date Met: _____
- _____ Date Met: _____
- _____ Date Met: _____

Freudenthal HOME HEALTH

Plan of Care

_____ Goals for Home Health Services:

- _____ Date Met: _____
- _____ Date Met: _____
- _____ Date Met: _____
- _____ Date Met: _____
- _____ Date Met: _____
- _____ Date Met: _____
- _____ Date Met: _____
- _____ Date Met: _____
- _____ Date Met: _____

Family/Guardian/Power of Attorney's Goals for Home Health Services:

- _____ Date Met: _____
- _____ Date Met: _____
- _____ Date Met: _____
- _____ Date Met: _____
- _____ Date Met: _____
- _____ Date Met: _____
- _____ Date Met: _____
- _____ Date Met: _____
- _____ Date Met: _____