

## What KEY Questions/Phrases YOU Need to ASK ALL of your PATIENTS©

1. Can we go around your home to talk about **safety**. I want to see how **safe** you **move** around your home.
2. Have you had any **falls** recently? Have you had any **falls** since our last visit together? [IF YES, BEGIN TAKING AS MANY FACTS AS POSSIBLE, CONTACT THE HOME HEALTH AGENCY AND GET GUIDANCE FROM THE HOME HEALTH AGENCY. LOOK FOR SIGNS OF POTENTIAL REASONS TO REFER THE PATIENT TO THE ER OR TO HER MD]
3. Have you been to the ER since our last visit? Have you been in the hospital since our last visit? IF YES, TO EITHER, [MAKE SURE THE AGENCY KNOWS THE HOSPITAL NAME, THE DATE ADMITTED, THE DATE DISCHARGED, THE REASON, AND THE OUTCOME OF THIS VISIT OR STAY.]
4. I have been **informed** about your care from the home health agency. Do you have any **questions** about my [THERAPY/SOCIAL WORK] **role** in your home?
5. Do you have any **pain**? [IF YES] Let's **talk** about your **pain**. [IF PAIN IS ACUTE AND >6/10, YOU WILL NEED TO NOTIFY THE AGENCY DURING THIS SAME VISIT]
6. Are you taking any **new medications**? [IF YES, PLEASE CONTACT THE AGENCY DURING THE THERAPY/MSW VISIT]
7. Have they **discharged** any **medications**? [IF YES, PLEASE CONTACT THE AGENCY DURING THE THERAPY/MSW VISIT]
8. The home health nurse knows a lot about your medications. Please make sure you **ask** your nurse **questions** the next time you see them. [IF THE PATIENT HAS MEDICATION QUESTIONS, CALL THE AGENCY AND ASK THEM TO ASK THE HOME HEALTH NURSE TO ADDRESS MEDICATION CONCERNS THAT THE PATIENT MAY HAVE]
9. I will **always** be **calling** you before I come to visit you. If you would like, we can set up a schedule for my visits. If my available times aren't good for you, let's talk about a few alternatives based on your schedule.
10. Please **understand** that you need to guide me. If you feel that my THERAPY TREATMENT is too tough or not tough enough, please let me know.
11. I want to make sure that you **understand** everything that I do during your care with me. If at any time you have **questions**, please don't wait, let's **talk** about your **concerns**. [PLAN OF CARE SHOULD BE EXPLAINED]
12. AS A HOME CARE THERAPIST/SOCIAL WORKER MAKE SURE YOU **LISTEN** TO YOUR PATIENTS
13. AS A HOME CARE THERAPIST/SOCIAL WORKER, MAKE SURE THAT YOU TREAT ALL OF YOUR PATIENTS WITH **COURTESY AND RESPECT**
14. Do you know that you can **contact** your home health **agency** at **any time** to ask for **help** or **advice**? [REFER THEM TO THE HOME HEALTH FOLDER AND SPECIFICALLY THE HOME HEALTH CONTACT NUMBER, THE ACCREDITING BODY CONTACT NUMBER, AND THE DEPARTMENT OF PUBLIC SERVICES CONTACT NUMBER]
15. Would you **recommend** my THERAPY/SOCIAL WORK **services** to your **family** or **friends**?
16. If you feel that I have made a **difference** in your **life** and you are now in a better place in your life because of my help, please make sure that you **tell** your doctor and your home health agency about my THERAPY/SOCIAL WORK treatment session(s).

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