



Concord Home Health Assessment Tool

Print, then check the boxes that apply to you or your family member's needs. Have this document available when you speak with a Concord Home Health representative.

Thank you for your interest in Concord Health Services.

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|--|---|
| <input type="checkbox"/> Skilled Assessment | <input type="checkbox"/> Errands |
| <input type="checkbox"/> Medication Instruction | <input type="checkbox"/> Light Housekeeping |
| <input type="checkbox"/> Education On Disease Management | <input type="checkbox"/> Household Maintenance |
| <input type="checkbox"/> Bathing And Other Personal Care | <input type="checkbox"/> Assistance with Dressing |
| <input type="checkbox"/> Assist & Ambulation | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Private Duty Companion Care | <input type="checkbox"/> Appointment Escort |
| <input type="checkbox"/> Personal Assistance | <input type="checkbox"/> Bathing Assistance |
| <input type="checkbox"/> Respite Care | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Medication Reminders | <input type="checkbox"/> Care for Pets and Plants |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> 24-hour Availability |
| <input type="checkbox"/> Meal Planning and Preparation | <input type="checkbox"/> Overnight Care |