

Sending Caring Professionals to your Home since 1994



GREATER SOUTH BAY
HOME HEALTH
www.gsbhh.com

Please Call : ☎ **310.329.4835**
Fax : **310.329.4894**

Fax Cover Sheet of Protected Health Information

Attention: _____ **Date:** _____

Please provide & include the following copies:

- Patient's Admission / Face Sheet History & Physical / Latest Progress Notes Copy of Insurance Card

Patient Name _____ Phone _____ Medicare # _____ DOB _____

Diagnosis: Primary _____ Secondary _____

Rx **Admit to GSB Home Health**

Skilled Nursing

Therapy

Evaluation/Treatment

Physical Therapy

Speech Therapy

Diabetes Teaching

Occupational Therapy

Medical Social Services

Wound Care

Labs: _____

Others: _____

Physicians Orders and/or special requests: _____

Physicians Signature: _____ Date: _____