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INSTRUCTION SHEET

PLEASE READ DIRECTIONS CAREFULLY BEFORE FILLING OUT PAPERWORK

To: _____ Date: _____

RE: _____ DOB: _____ / _____ / _____

Fax Number: _____ Total # of Pages _____

Thank you for choosing HomeCare Physicians for your care or for the care of a loved one. We look forward to bringing our nationally award winning program into your home. **Our service area includes the following zip codes: 60103, 60108, 60133, 60134, 60137, 60138, 60139, 60148, 60174, 60175, 60184, 60185, 60187, 60188, 60189, 60190, 60510, 60532, 60540, 60555, 60563.**

To give you the best possible care we need to get as much information as possible prior to the visit. Attached are some forms we need you to fill out and/or sign and fax back or mail to us prior to scheduling your visit.

- 1. Demographic Intake Form**
- 2. Medical History Form:** Please fill this out to the best of your ability and as completely as possible.
- 3. Universal Consent System Wide:** Please complete this form. We will give you a copy of the Northwestern Medicine Notice of Privacy practices at your visit. See instruction sheet for further explanation.
- 4. Communication Choices:** Please complete this form on how we are to leave messages containing medical information and any personal “representatives/individual who are permitted to receive or know information concerning your healthcare.
- 5. Authorization to Release Medical Information:** Signing this allows us to get medical records and to send our records to other providers involved in your care. *(Please fill out only the personal information at the top of page. Do not fill in any requests. The form must be signed by the patient, spouse or the patient’s Power of Attorney (POA). Please provide a copy of the POA document.* We will fill out what is needed and send for the information.

Please fax or mail all of the above information along with a copy of your insurance cards (both front and back) to our office. Once we receive your information we will call you to schedule an appointment.