



## *Self Referral Quiz*

Have you or your loved one.....

...had a recent hospitalization?	Yes	No
...visited the emergency room several times in the last six months?	Yes	No
...had questions about your medications ?	Yes	No
...had a change in your ability to manage daily activities such as bathing, dressing, or preparing meals?	Yes	No
...experienced a fall in recent months or a change in your ability to walk?	Yes	No
...had a recent flare –up of an existing health condition?	Yes	No
...feel you would benefit from a Home Safety Evaluation?	Yes	No

If you answered yes to any of these questions, you may be eligible for home health services.  
**Please contact us at 860-658-3954. We are happy to help!**