

(Agency logo)

**My goals for home care services:**

1. \_\_\_\_\_ Date \_\_\_\_\_
2. \_\_\_\_\_ Date \_\_\_\_\_
3. \_\_\_\_\_ Date \_\_\_\_\_
4. \_\_\_\_\_ Date \_\_\_\_\_
5. \_\_\_\_\_ Date \_\_\_\_\_

**Family's goals for home care services:**

1. \_\_\_\_\_ Date \_\_\_\_\_
2. \_\_\_\_\_ Date \_\_\_\_\_
3. \_\_\_\_\_ Date \_\_\_\_\_
4. \_\_\_\_\_ Date \_\_\_\_\_
5. \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ **Home Care Agency is your partner in health care:**

1. We will explain the care and services you will get from the agency, and discuss any changes in treatment with you.
2. We will discuss a home safety plan.
3. We will discuss all prescription and over the counter medicines you take.
4. If you have new medicines, we will explain the purpose of the medicine, how to take it, and possible side effects to report to the agency.
5. We will discuss how to manage your pain so you are comfortable.

additional agency goals and outcomes:

6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_