



Convenient Home Care Services Inc.

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Dear Provider:

Please take the time to check the home health aide skills you have had experience with. DO NOT check a skill if you do not feel comfortable being placed on a client with that diagnosis. If you have a particular specialty or area of interest, please make note.

- | | |
|---|--|
| <input type="checkbox"/> Aids | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Incontinence |
| <input type="checkbox"/> Alzheimers | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Oxygen |
| <input type="checkbox"/> Catheter | <input type="checkbox"/> Parkinsons |
| <input type="checkbox"/> Colostomy | <input type="checkbox"/> Psychiatric Disorders |
| <input type="checkbox"/> C.P.R. | <input type="checkbox"/> Respiratory Disorders |
| <input type="checkbox"/> Congestive Heart Disease | <input type="checkbox"/> Quadriplegic |
| <input type="checkbox"/> Feeding Tube | <input type="checkbox"/> Sliding Board |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Total Bed Care |
| <input type="checkbox"/> Hoyer Lift | <input type="checkbox"/> Tracheostomy Care |

Sincerely
Case Management Staff

Signature

Date