

When to Start Home Health Care



Follow this checklist from **BAYADA Home Health Care** to learn the signs of when you or a loved one may need home health care services. **If you answer "yes" to one or more of these questions, call us at 215-253-4880 for a free, professional evaluation.**

For Patients		
Do you:	Yes	No
• Have difficulty accomplishing household tasks (laundry, cooking, dishwashing)?	<input type="checkbox"/>	<input type="checkbox"/>
• Struggle with personal care tasks (bathing, dressing, grooming)?	<input type="checkbox"/>	<input type="checkbox"/>
• Need assistance getting in and out of bed?	<input type="checkbox"/>	<input type="checkbox"/>
• Worry about being safe when left alone?	<input type="checkbox"/>	<input type="checkbox"/>
• Live far away from family members or close friends who can help with care?	<input type="checkbox"/>	<input type="checkbox"/>
• Need more advanced care than a family member can provide?	<input type="checkbox"/>	<input type="checkbox"/>
• Have difficulty swallowing?	<input type="checkbox"/>	<input type="checkbox"/>
• Need help with medication management?	<input type="checkbox"/>	<input type="checkbox"/>
• Experiencing breathing problems?	<input type="checkbox"/>	<input type="checkbox"/>
• Fall on a frequent basis?	<input type="checkbox"/>	<input type="checkbox"/>
• Have mobility issues (need assistance from a walker or wheelchair)?	<input type="checkbox"/>	<input type="checkbox"/>
• Require assistance with a ventilator?	<input type="checkbox"/>	<input type="checkbox"/>
• Experience frequent hospital admissions?	<input type="checkbox"/>	<input type="checkbox"/>
• Need assistance 24 hours a day?	<input type="checkbox"/>	<input type="checkbox"/>
For Caregivers		
Are you:	Yes	No
• Fearful of leaving your loved one alone?	<input type="checkbox"/>	<input type="checkbox"/>
• Finding that your loved one's care is becoming exceedingly demanding on your time, emotions, and physical abilities?	<input type="checkbox"/>	<input type="checkbox"/>
• Unable to have respite time for yourself?	<input type="checkbox"/>	<input type="checkbox"/>
• Unable to provide the advanced care that your loved one requires?	<input type="checkbox"/>	<input type="checkbox"/>
• Unable to take care of household tasks due to caring for your loved one?	<input type="checkbox"/>	<input type="checkbox"/>
• Missing out on your own social and personal activities because of caring for your loved one?	<input type="checkbox"/>	<input type="checkbox"/>
• Unable to assist your loved one with personal tasks (bathing, dressing, grooming) on a consistent basis?	<input type="checkbox"/>	<input type="checkbox"/>



For more information: Call **215-253-4880**

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