



Total Care Physicians Application for Home Visit Patients

Total Care Physicians offers an opportunity to have a physician make a home visit for their patients.
Please contact the office to set up an appointment at the home and complete the following application.

DEMOGRAPHIC INFORMATION

Name: _____ Date of Birth: _____

Gender: _____ Age: _____

Place of birth: _____

Race: _____

_____ Single _____ Married _____ Divorced _____ Widow

Address: _____

Preferred phone number: _____

May we leave messages at the above number: _____ Yes _____ No

Email address: _____

Social Security: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____

Relationship: _____

Number: _____

Patient qualification for home visits. Please check any of the following:

- _____ Physically challenged to visit the doctor's office
- _____ Frequent hospitalization or acute care visits
- _____ Multiple missed appointments due to difficulty getting to the office
- _____ Legally blind
- _____ Bed bound
- _____ Nursing home qualified but wish to remain at home
- _____ Psychiatric illnesses who are home bound

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