

Assessing Your Home Health Care Opportunity

Current Patient Needs Assessment

In the center column, write an L for “Low,” an M for “Medium,” or an H for “High” to express your general volume of patients who fit the Assessment Question in the left-hand column. Spaces have been left blank for you to fill in other patient types that your pharmacy serves.

Assessment Question	L/M/H	Potential Need
What percentage of my patients is taking a bone density prescription?		Mobility aids; bath safety
What percentage of my patients is taking a medication to help control symptoms of Parkinson’s Disease?		Mobility aids; bath safety
What percentage of my patients routinely has a family caregiver pick up their prescription(s)?		Mobility aids; bath safety; rehabilitation products; daily living aids
What percentage of my patients is taking a drug to treat overactive bladder?		Incontinence care
What percentage of my patients is referred by hospital or surgery center discharge representatives?		Wound care; mobility aids
What percentage of my patients is referred by physical therapy centers or rehabilitation services?		Rehabilitation products
What percentage of my patients is being treated for moderate to severe diabetes?		Daily living aids; mobility aids; wound care; incontinence care; bath safety
What percentage of my patients is taking a prescription for arthritis?		Daily living aids (reachers, grabbers, etc.); bath safety
What percentage of my patients is being treated for symptoms related to a stroke?		Daily living aids; mobility aids; incontinence care; rehabilitation products; bath safety

