Assured Home Nursing Services
Caring for the Community

725 S. Adams, Suite 258
Birmingham, MI 48009
Ph: 248 593 8134
248 255 5870

TERMINATION OF SERVICES

Today's Date: _____

Client's Name: _____

Staffing Coordinator: _____ Nurse: _____

Last Day of Service/Time Shift Ended: _____

Reason for Terminating Services: _____

STAFFING COORDINATOR:

_____ Entered New Note: "Termination of Services" Tag (and any other that applied)

_____ Notified ALL HCAs on the case and Cancelled Client's Schedule

_____ Deactivated Client's file in Database

_____ Arranged for client binder to be returned to Office: Yes: ____ No: ____ Pending: ____

FOR STAFF:

_____ Check for Completion

_____ Final Invoice and Statement Sent

_____ Applied Security Deposit/Adjust Clear Care Balance

_____ Phone Follow up with Client and/or their family to schedule binder pick up

_____ Send Out Thank You or Sympathy Card

_____ Satisfaction Phone call to client and/or their family