

OTHER SERVICES:

- CASE MANAGEMENT
- DIABETIC MANAGEMENT PROGRAM
- COPD PROGRAM
- CVA PROGRAM
- IV THERAPY
- WOUND CARE PROGRAM
- DISEASE MANAGEMENT AND EDUCATION
- RESPIRATORY THERAPY
- FOOT CARE PROGRAM
- OSTOMY CARE
- PHLEBOTOMY



Chh

Corlan Home Health Inc.



Corlan Home Health, Inc.

415 W. GOLF ROAD SUITE 46
ARLINGTON HEIGHTS, IL 60005

PHONE: (847) 593-0050
FAX: (847) 739-7172
EMAIL: hcorlan@yahoo.com
admin@corlanhomehealth.com

www.corlanhomehealth.com



40 45 50 55



CORLAN HOME HEALTH INC. WILL KEEP YOU LIVING IN YOUR HOME AS INDEPENDENTLY AS YOU WANT WITH OPTIMUM AND SUFFICIENT CARE YOU NEED. WE UNDERSTAND LIFE IS BEST LIVED WHEN THE CHOICES YOU MAKE ARE YOUR OWN, SO WE HELP PROVIDE YOU THE OPTIONS FOR HEALTH CARE SERVICES IN YOUR OWN HOME. WE OFFER A WIDE RANGE OF THERAPY AND SKILLED MEDICAL CARE FOR YOU OR SOMEONE YOU LOVE. WE SERVE COOK, KANE, DUPAGE, LAKE, MCHENRY & WILL COUNTIES.

WE GIVE YOU THE POWER!

GETTING THE MEDICAL ATTENTION YOU NEED IS ALWAYS AVAILABLE THROUGH CORLAN HOME HEALTH INC. OUR STAFF INCLUDES NURSES, THERAPISTS, HOME HEALTH AIDES, NURSING ASSISTANTS AND SOCIAL WORKERS WHO ADMINISTER PERSONALIZED HOME HEALTH CARE SERVICES THROUGH THE RECOMMENDATION OF YOUR PRIMARY PHYSICIAN. RECEIVING CARE AT HOME IS THE LESS COSTLY ALTERNATIVE TO BEING CONFINED IN A NURSING HOME, HOSPITAL OR REHABILITATION FACILITY. LET US HELP YOU HANDLE YOUR DISABILITY, MANAGE YOUR ILLNESS, AND RECOVER FROM AN INJURY. CHOOSE CORLAN HOME HEALTH INC.

Corlan Home Health, Inc.



WE PROVIDE CARE FOR THOSE WHO ARE RECOVERING FROM INJURIES, NURSING A WOUND, MANAGING A HEALTH CONDITION OR RECOVERING FROM A MAJOR SURGERY



SERVICES PROVIDED:

- SKILLED NURSING
- PHYSICAL THERAPY
- OCCUPATIONAL THERAPY
- SPEECH THERAPY
- MEDICAL SOCIAL WORKERS
- HOME HEALTH AIDE

QUALIFIED AND DEPENDABLE

LET PROFESSIONALS TAKE CARE OF YOU AT HOME. HOME HEALTH SERVICES MAKE THIS POSSIBLE. YOU CAN ADDRESS YOUR QUESTIONS AND CONCERNS TO THE STAFF AT CORLAN HOME HEALTH INC.

******TO QUALIFY******

A PATIENT MUST BE HOMEBOUND: A CONDITION DUE TO ILLNESS OR INJURY WHICH RESTRICTS HIS ABILITY TO LEAVE HIS PLACE OF RESIDENCE EXCEPT WITH THE AID OF SUPPORTING DEVICES SUCH AS CANE, WALKER, WHEELCHAIR ETC. OR IF HE HAS A CONDITION WHICH IS SUCH THAT LEAVING HIS HOME IS MEDICALLY CONTRADICTED. UNDER A PHYSICIAN'S DIRECTION, REFERRED BY A FAMILY MEMBER, PHYSICIAN, FACILITY, HOSPITAL OR COMMUNITY SOURCES.



CONTACT INFORMATION

415 W. GOLF ROAD SUITE 46
ARLINGTON HEIGHTS, IL 60005-3923

PHONE: (847) 593-0050

FAX: (847) 739-7172

EMAIL: hcorlan@yahoo.com
admin@corlanhomehealth.com

www.corlanhomehealth.com



CORLAN HOME HEALTH INC. DOES NOT DISCRIMINATE AGAINST ANY PERSON ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, DISABILITY, OR AGE IN ADMISSION, TREATMENT, OR PARTICIPATION IN ITS PROGRAMS, SERVICES AND ACTIVITIES, OR IN EMPLOYMENT. FOR FURTHER INFORMATION ABOUT THIS POLICY, CONTACT: LARRY OJO (847) 593-0050