



Covell Care & Rehabilitation

Use this checklist to determine what service(s) would benefit you.

Services available depend on location and telehealth available.

Contact us with any questions at **(970) 204-4331**.

Occupational Therapy	Physical Therapy	Speech Therapy
<ul style="list-style-type: none"> <input type="checkbox"/> Low vision <input type="checkbox"/> Incontinence (Bowel or Urinary) <input type="checkbox"/> Pelvic pain <input type="checkbox"/> Experienced a Fall(s)/fear of falling <input type="checkbox"/> Memory loss or confusion <input type="checkbox"/> Decreased initiation of self care <input type="checkbox"/> Difficulty driving or driving concerns <input type="checkbox"/> Difficulty or pain with self care <input type="checkbox"/> Difficulty with meal preparation <input type="checkbox"/> Difficulty with managing diet & meal preparation (diabetic, diverticulitis) <input type="checkbox"/> Difficulty with technology <input type="checkbox"/> Disorganization <input type="checkbox"/> Poor sleep habits <input type="checkbox"/> Anxiety <input type="checkbox"/> Decreased initiation in social activities <input type="checkbox"/> Needs to acquire manual or power wheelchair, walker, braces, cane <input type="checkbox"/> Has new equipment & needs training (walker/wc, commode, shower chair) <input type="checkbox"/> Needs a home safety assessment/modifications <input type="checkbox"/> Caregiver education needed <input type="checkbox"/> Poor activity tolerance <input type="checkbox"/> Difficulty with finances <input type="checkbox"/> Skin breakdown or positioning issues 	<ul style="list-style-type: none"> <input type="checkbox"/> Pain <input type="checkbox"/> Falls <input type="checkbox"/> Fear of falls <input type="checkbox"/> Difficulty walking <input type="checkbox"/> Difficulty transferring <input type="checkbox"/> Weakness <input type="checkbox"/> Decreased activity tolerance <input type="checkbox"/> Orthopedic issues <input type="checkbox"/> Balance problems <input type="checkbox"/> Difficulty with body mechanics <input type="checkbox"/> Vertigo <input type="checkbox"/> Edema <input type="checkbox"/> Safety concerns <input type="checkbox"/> Requires new equipment to help with walking <input type="checkbox"/> Poor coordination <input type="checkbox"/> Difficulty getting in and out of a car <input type="checkbox"/> Loss of range of motion (neck, knee, shoulder, etc) <input type="checkbox"/> Neuropathy <input type="checkbox"/> Slow mobility <input type="checkbox"/> Needs to acquire manual or power wheelchair, walker, braces, cane <input type="checkbox"/> Needs a home safety assessment/modifications 	<ul style="list-style-type: none"> <input type="checkbox"/> Difficulty swallowing <input type="checkbox"/> Confusion <input type="checkbox"/> Unclear speech <input type="checkbox"/> Decreased voice volume <input type="checkbox"/> Coughing with food/liquid <input type="checkbox"/> Difficulty with thinking <input type="checkbox"/> Difficulty with reading <input type="checkbox"/> Needs an alternate communication device <input type="checkbox"/> Difficulty with concentration <input type="checkbox"/> Sequencing issues <input type="checkbox"/> Difficulty with planning things out like medications, meals, a daily routine <input type="checkbox"/> Difficulty with hearing <input type="checkbox"/> Difficulty with swallowing pills <input type="checkbox"/> Diagnosis of dysphagia <input type="checkbox"/> Diagnosis of aphagia - unable to eat <input type="checkbox"/> Pain with eating and or swallowing <input type="checkbox"/> Difficulty with communication



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Licensed Clinical Social Work	Personal Training	Massage Therapy
<p>(For client or family member)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Depression or anxiety <input type="checkbox"/> Diagnosis of a new illness or living with a chronic condition <input type="checkbox"/> Mental health issues <input type="checkbox"/> Family relationships and support <input type="checkbox"/> Housing & financial issues <input type="checkbox"/> Long-term emotional problems <input type="checkbox"/> Loss of a loved one <input type="checkbox"/> Caregiver burnout & support <input type="checkbox"/> Every feeling is intense <input type="checkbox"/> Suffered a trauma and cannot seem to move past it <input type="checkbox"/> Using a substance to numb feelings <input type="checkbox"/> Strained relationships <input type="checkbox"/> Feeling disconnected <input type="checkbox"/> Others have expressed concern about you 	<ul style="list-style-type: none"> <input type="checkbox"/> Discharging physical therapy <input type="checkbox"/> Requires structured fitness plan <input type="checkbox"/> Unable to make it to a fitness center <input type="checkbox"/> Needs personal encouragement & support with exercise <input type="checkbox"/> Cannot exercise alone safely <input type="checkbox"/> Would benefit from a specialized program to help manage chronic conditions <input type="checkbox"/> Specialized programs including Pilates, yoga, etc. <input type="checkbox"/> Frequent faller/visitor of ER <input type="checkbox"/> Requires further safety training in the home <input type="checkbox"/> Would like 1-on-1 fitness training <input type="checkbox"/> Avidly participates in a community exercise program 	<ul style="list-style-type: none"> <input type="checkbox"/> Circulation & joint mobility issues <input type="checkbox"/> Chronic pain symptoms (i.e. arthritis, muscle pain) <input type="checkbox"/> Suffers from depression, anxiety or stress <input type="checkbox"/> Headaches <input type="checkbox"/> Sore or tight muscles <input type="checkbox"/> Responds positively to physical touch <input type="checkbox"/> Manual Lymphatic Drainage