



NEUROCARE

brain . mind . body integrative health

Home Support

There is a **growing number** of **older** people affected by illnesses such as **Dementia**, cerebro-vascular **Stroke**, **Parkinson's** disease and **Depression**.

Many find it **difficult** to access specialist **clinics** especially when they grow **older** and **traveling** becomes a bit more tedious. Sadly the result is that many **neglect** their health allowing illnesses to **progress** and serious **consequences** to develop.

Perhaps even more alarming is the common complication of ending up on long lists of **unnecessary** or even **harmful medication** when **not** instructed and **monitored** by a Specialist.

In order to **solve** these problems we offer various **successful** community **programs** which offer regular visits by NEUROCARE **professionals** to selected **retirement villages**.

Caring families are now able to activate our **Home Support** monitoring service, which will effectively offer an **on-site external review** by a NEUROCARE Doctor, **Occupational Therapist**, **Social Worker** or **Psychologist**.

NEUROCARE Home Support intend to **assist** with and correct any care **shortfalls** once identified.

As such our **screening programs** may assist with **general health** monitoring, **medication** compliance, clinical **referral**, arrangements for **hospitalization** when need be and many more critical processes.

Families are requested to forward the **completed** application **form** below to your nearest NEUROCARE Office.

Application Form

The NEUROCARE Home Support service is widely accepted as perhaps the **most cost-effective** option available.

Initial assessments performed by our **Medical Officers** and supervised by our Specialists are **free**.

Once seen by a NEUROCARE **Specialist** most Patients on **Medical Aid** will qualify for **free PMB Support**, a National program which likely protects up to **15** Specialist visits annually, **21** days in hospital when required, and all necessary tests such as **brain scans** and **blood tests** (even if just on a hospital plan).

We hereby wish to **apply** for NEUROCARE Home Support monitoring.

We hereby **opt out** of the processing of NEUROCARE Home Support monitoring.

Patient name: _____

Residency: _____

Family representative: _____

Contact number: _____

Medical Aid name: _____

Medical Aid number: _____

Signature: _____

Date: _____