



Indiana
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Meridian Visiting Physicians

Medical **Podiatry** **Medical & Podiatry**

PERSON/AGENCY REFERRING PATIENT TO MERIDIAN VISITING PHYSICIANS				
PATIENT'S LAST NAME		FIRST	SEX	DATE OF BIRTH
HOME ADDRESS		APT #	CITY	ZIP CODE
PRIMARY PHONE #		SECONDARY PHONE #		PRIMARY LANGUAGE
PATIENT'S EMERGENCY CONTACT		RELATIONSHIP	PRIMARY PHONE #	SECONDARY PHONE #
CONTACT PERSON FOR APPOINTMENTS		RELATIONSHIP	PRIMARY PHONE #	SECONDARY PHONE #
PATIENT'S SOCIAL SECURITY #	PATIENT'S MEDICARE NUMBER		MEDICAID CASE NO.	MEDICAID ID NO.
SECONDARY INSURANCE CARRIER			INSURANCE GROUP NO.	INSURANCE ID NO.
PREFERRED HOME HEALTH AGENCY		OFFICE #	FAX #	

Pharmacy Name/Phone: _____

Dialysis days: _____ Have you seen a visiting doctor within the last 30 days? _____

Are you able to leave the home? _____ How frequently? _____

Do you use a cane, walker, or wheelchair? _____

Are you interested in home care services? _____ Please specify RN/PT/HHA/MSW: _____

Notes: _____

FOR MVP OFFICE USE ONLY			
DATE	DOCTOR ASSIGNED	AGENCY CODE	INTAKE INITIALS
CSNAP _____	Inspect	RT _____	PF _____
INmed _____	MAPS	SH _____	USPS _____
PART B EFFECTIVE DATE	MEDICARE PRIMARY (MCO)	HMO STATUS	DEDUCTIBLE MET
		YES NO	YES NO - \$

Diagnostic History

Patient Name _____ DOB _____

Diagnostic/Impressions

___789.00 ABD Pain NOS	___496 COPD	___477.9 Allergic rhinitis	___280.9 Anemia
___493.90 Asthma NOS	___724.5 Backache NOS	___466.0 Bronchitis, acute	___427.9 Cardiac dysrhythmia NOS
___429.2 Cardiovascular NOS	___436 Stroke CVA NOS	___786.50 Chest Pain NOS	___428.0 CHF
___786.2 Cough	___311 Depression NOS	___294.20 Dementia	___250.0 Diabetes 2 non-insulin
___250.01 Diabetes 1 insulin	___787.91 Diarrhea	___780.4 Dizzy/Vertigo NOS	___782.3 Edema
___530.81 Esophageal reflux	___780.60 Fever NOS	___274.9 Gout NOS	___784.0 Headache
___573.3 Hepatitis NOS	___042 HIV	___272.4 Hyperlipidemia	___401.1 HTN Benign
___401.0 HTN Malignant	___244.9 Hypothyroidism NOS	___788.30 Urine Incontinence	___787.6 Feces Incontinence
___300.0 Anxiety	___715.9 DJD/DDD	___719.40 Joint Pain NOS	___593.9 Renal Disease NOS
___780.79 Malais/Fatigue NOS	___278.01 Obesity Morbid	___278.00 Obesity NOS	___715.90 Osteoarthritis NOS
___733.00 Osteoporosis NOS	___785.1 Palpitations	___443.9 PVD NOS	___486 Pneumonia NOS
___585.9 Renal Failure Chronic	___714.0 Rheumatoid Arthritis	___461.9 Sinusitis NOS	___780.2 Syncope/Collapse
___246.9 Thyroid Disease NOS	___465.9 URI NOS	___788.41 Urinary Frequency	___599.0 UTI
___783.1 Weight Gain Abnormal	___783.21 Weight loss, abnormal	___782.1 Rash NOS	___787.3 Vomiting
___787.2 Nausea	___427.31 A-FIB	___729.5 Pain in limbs	___729.81 swelling in limbs
___414.9 Ischemic heart disease NOS		___728.87 Muscle weakness	

Additional DX's:
