



DO YOU QUALIFY FOR SERVICES WITH MERIDIAN VISITING PHYSICIANS?



1. Are you 65 or older? YES NO

2. Are you homebound? YES NO

To be homebound means:

- You have trouble leaving your home without help (like using a cane, wheelchair, walker, or crutches; special transportation; or help from another person) because of an illness or injury **OR**
- Leaving your home isn't recommended because of your condition **AND**
- You're normally unable to leave your home and leaving home is a major effort

3. Do you have one or more of the following disabilities? YES NO

- | | |
|-----------------|----------------|
| • Legally blind | • Paralysis |
| • Dementia | • Bed bound |
| • Schizophrenia | • Loss of limb |

4. Are you currently taking any prescription medications? YES NO

5. Do you have 3 or more of the following chronic conditions? YES NO

- | | |
|--------------------------|-----------------------|
| • High Blood Pressure | • COPD |
| • High cholesterol | • Alzheimer's disease |
| • Ischemic heart disease | • Atrial fibrillation |
| • Arthritis | • Cancer |
| • Diabetes | • Osteoporosis |
| • Heart failure | • CVA |
| • Chronic kidney disease | • Renal Failure |
| • Depression | • PVD |

If you answered YES to at least 3 of these 5 questions – you may qualify for MVP services.

Contact our office or fill out the bottom portion of this sheet and send it to us!

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Alt. Phone: _____