

For office use only		
New Patient		
Annual Rescreen		
Are you employed?	Yes	No

Volunteers in Medicine Chattanooga, Inc

5705 Marlin Rd. Ste. 1400, Bldg. 5900

Chattanooga, TN 37411

Phone: 423-855-8220 Fax: 423-855-8230

Volunteers in Medicine Chattanooga provides free medical care for uninsured eligible residents

Applicant Name: _____

Date: _____

Number in household: _____

The following items are required for patient enrollment:

- Photo ID (new patients only)
- A piece of mail at least 30 days old addressed to applicant
- Most recent 1040 tax return (first two pgs.), most recent W-2 if taxes are unavailable
- Most recent 30 day pay statement (of each working adult in the household)
- Current year government income letter (SSI, SSDI, Pension, Retirement)
- If you are without income, we require that whoever is meeting those needs, provide a letter of explanation, signed and dated. ***They will not be billed for your care here***

The following questions do NOT affect eligibility

Race (Select all that apply):

- American Indian or Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White
- Other _____
- Prefer not to answer

Primary Language _____

Interpreter Required _____

How did you find us _____

Ethnicity

- Hispanic or Latino
- Not Hispanic

Return completed application Monday through Wednesday 9am-3pm and Thursday 9am-12pm. Please note that we cannot schedule your doctor's appointment until all required documentation is required. Incomplete applications will delay the scheduling process. Thank you for your cooperation.

PERSONAL INFORMATION:

Name: _____ Gender: Male Female

Date of Birth: ____ - ____ - ____ Social Security: ____ - ____ - ____

Home Address: _____
Street City State ZIP

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Email Address: _____

Marital Status: Single Married Separated Divorced Widowed

SPOUSE INFORMATION:

Name: _____

Employer: _____

HOUSEHOLD INFORMATION (list ALL people in the household):

Name	Date of Birth	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

MEDICAL HISTORY:

Do you have a medical history of hepatitis?	Yes	No
Do you have a medical history of HIV/AIDS?	Yes	No
Have you ever been referred to Project Access?	Yes	No
Do you have a Tennessee Cover RX Drug Plan?	Yes	No

Where have you been receiving medical care prior to contacting Volunteers in Medicine?

This will be verified...

- | | |
|---|---|
| <input type="checkbox"/> Cherokee Health System | <input type="checkbox"/> Erlanger Dodson Avenue Clinic |
| <input type="checkbox"/> Erlanger Southside Clinic | <input type="checkbox"/> Homeless Health Center |
| <input type="checkbox"/> Fortwood Mental Health Center | <input type="checkbox"/> Memorial Community Health - Hixson |
| <input type="checkbox"/> Helen Ross McNabb Center | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Volunteer Behavioral Health /
Joe Johnson Mental Health | |

Emergency Rooms visited: (hospitals and approximate dates)

Hospital Admissions: (hospitals and approximate dates)

List ALL your current medicines and who prescribed them. Include over-the-counter medicines. If more room is needed, attach another sheet.

Medication	Dose	Who Prescribed
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

******Please note: Volunteers in Medicine does not accept walk-in patients or treat injuries related to workers compensation claims.******

Please read, sign, and date the following statement:

I have answered all questions honestly and completely. I understand that by submitting fraudulent or incomplete information my application may be denied.

Signature

Date

Volunteers in Medicine
Social Needs Survey

Full Name: _____

Today's Date: _____

1. In the last 12 months, have you ever eaten less than you should because there wasn't enough money for food? Yes No

2. In the last 12 months, have you received a disconnect notice for utilities to your home? Yes No

3. Are you at risk of becoming homeless? Yes No

4. In the last 12 months, have you had to go without healthcare because you didn't have a way to get there? Yes No

How did you get here today? (circle one)
Car Bus Friend/Family Other _____

5. In the last 12 months, did you skip medications to save money? Yes No

6. If unemployed, have you been actively looking for work? Yes No

7. Do you currently have concerns about your mental or emotional health? Yes No

****If you answered 'Yes' to any of the above questions, would you like information about available resources or support today?***** Yes No