

For office use only: Circle One

New Patient Annual Rescreen

Are you employed Y N

Volunteers in Medicine Chattanooga, Inc

5705 Marlin Road, Suite 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 2 pgs.), most recent W2 if taxes are unavailable
- Most recent 30 day pay statement
- 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 or African American
- Native Hawaiian or Other Pacific Islander
- White

Other: _____

Prefer not to answer

Primary Language? _____

Interpreter required? _____

How did you find us? _____

☐ Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

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 provided. Incomplete applications will delay the scheduling process. Thank you for your cooperation.

PERSONAL INFORMATION:

Name: _____

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

Home Address: _____
Street City State ZIP

Home Phone: _____ Cell Phone: _____

Email Address: _____

Marital Status: Single Married Separated Divorced Widowed

SPOUSE INFORMATION:

Name: _____

Employer Name: _____

Employer Address: _____

HOUSEHOLD INFORMATION (list ALL persons in the household):

<i>Name</i>	<i>Date of Birth</i>	<i>Relationship</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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...

Cherokee Health Systems

Erlanger Dodson Avenue Clinic

Erlanger Southside Clinic

Fortwood Mental Health Center

Helen Ross McNabb Center

Homeless Health Center

Volunteer Behavioral Health/ Joe Johnson Mental Health

Lookout Mountain Community Health

Memorial Community Health Hixson

Other _____

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.

<i>Medication</i>	<i>Dose</i>	<i>Who Prescribed</i>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

***Please note: VIM physicians do not prescribe pain, anti-anxiety, or psychotropic medications. VIM is not able to treat any injury- work, automobile, or other- where you have seen or plan to consult an attorney or when worker's compensation is available to you. ***

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:** _____

		YES	NO
	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?		
	In the last 12 months, has the electric, gas, oil, or water company threatened to shut off services at your home?		
	Do you think you are at risk of becoming homeless?		
	In the last 6 months, have you ever had to go without healthcare because you didn't have a way to get there?		
	How did you get here today? (Please Circle One) Personal Car Bus Friend/Family Other: _____		
	In the last 12 months, did you skip medications to save money?		
	During the last 4 weeks, have you been actively looking for work?		
		YES	NO
	If you checked YES for any of these boxes, would you like our Patient Resource Navigator to assist with connecting you to resources?		
	Which of these needs (if any) would you like our navigator to help you with? _____		

Research shows that social/environmental factors contribute significantly to a patient's health outcomes. To better care for you, VIM-Chattanooga has adapted the social needs screening tool developed by Health Leads to use in our clinic. Health Leads is a national non-profit that works to unearth and address the deep societal roots of racial inequity that impact our health.