

**Participant or Consultant to provide the following fully completed documents with required signatures:**

**Mi Via (DD waiver) LOC**

MAD 378

H&P - *Disclaimer: The H&P form attached is an example of what is needed for this requirement but can follow any format issued by the physician office.*

**UNM Medically Fragile Case Management Program to provide the following fully completed documents with required signatures:**

**Mi Via (MF Waiver) LOC**

DOH 378

H&P - *Disclaimer: The H&P form attached is an example of what is needed for this requirement but can follow any format issued by the physician office.*

**Please double check the accuracy of all information submitted:**

Correct spelling of recipient name

Accuracy of recipient Medicaid ID

Recipient date of birth

Completed assessment factor scores

Signature of Physician or Person completing form on MAD 378/DOH 378



**History & Physical (H&P) Form**  
**Mi Via, NM Self-Directed Medicaid Waiver Program**  
(If your office or practice has its own H&P form, it may be used in place of this form.  
Please see delivery instructions bottom Page 2.)

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Vital Signs**

Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ Temp: \_\_\_\_\_ BP: \_\_\_\_\_

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Diagnosis(es) and ICD-9 code:

Current Medications (including OTC and supplements, if known):

Brief medical history, with specific attention to reasons for any disability (may be physical and/or cognitive/behavioral):

General/Constitutional:

Skin/Breast:

Eyes/Ears/Nose/Mouth/Throat:

**Continued, Mi Via, History & Physical/Participant Name:** \_\_\_\_\_

Cardiovascular:

Respiratory:

Gastrointestinal:

Genitourinary:

Musculoskeletal:

Neurologic/Psychiatric:

Allergic/Immunologic/Lymphatic/Endocrine:

Follow up/Comments:

**Provider (MD, DO, CNP or PAC only) Signature and Title:**

\_\_\_\_\_

Date: \_\_\_\_\_

Office Telephone: \_\_\_\_\_

**Please mail or Fax to:**

**Qualis Health – Third Party Assessor**

**PO Box 20910**

**Albuquerque, NM 87154-0910**

**Mi Via Waiver Fax Line: (800) 251-9993 (Toll Free)**