

## **Request for MHS Medically Frail Assessment**

Date:	Referring Facility:	
Provider/Contact Person Phone:		
Member Name:	Member RID:	
Date of Birth:	Member Phone Number(s):	
Diagnoses With Dates:		
Inpatient Hospitalizations (Dates and Dia	agnoses):	
Medications:		
Current Treatment Plan:		
Supporting Documentation Included:		
Intake Assessment (initial evaluation)		
Intake Assessment (medical)		
History & Physical		
Developed in initial and included in initial	ovaluation)	

Please fax to the MHS Medically Frail Department at 1-866-694-3653 or secure email to Medically\_Frail@mhsindiana.com.

