HEART & SOL

Medically-Tailored Meals & Medical Nutrition Therapy

Patient Intake Form

Questions? Contact Megan Vermeer at mvermeer@ymcachattanooga.org. Fax form to HIPPA fax at 423.777.4095

Consent to Release Information

I authorize my medical provider and referring party to release information about my medical condition to Ceres Community Project and/or YMCA of Metropolitan Chattanooga as a necessary part of medical treatment and prevention of complications.

Patient Name: _____ Date of Birth: ____/_____/_____

Phone: _____ Secondary Contact Name: _____

Patient has seen primary doctor or specialist in the last 12 months? Y ◯ N ◯

Primary Doctor: _____

Patient Address: _____ City: _____ State: _____ Zip: _____

Patient has stable housing: ☐ Is able to refrigerate and freeze food: ☐ Is able to reheat food: ☐

Patient Signature: _____ Date: _____

Healthcare Provider *only* below this line — Fax to 423. 777.4095

How many times has patient been in a hospital/ER/SNIF in the last 12 months? _____

Height: ____ ft. ____ in. Weight: _____lbs BP _____/_____

Therapeutic Diet Order (if known): _____

Primary Condition: HFpEF (Heart Failure with Preserved Ejection Fraction) **See qualifying ICD-10 codes on back.** _____

Co-morbidities: Cancer ☐ Diabetes ☐ Renal Disease ☐ COPD ☐

Other

Complications:

☐ Retinopathy (250.5) ☐ Neuropathy (250.6) ☐ PVD (250.7) ☐ Nephropathy (250.4)

☐ Hyperlipidemia (272.4) ☐ Hypertension Other _____

Please attach DC Summary or list labs and medications

_____ _____

_____ _____

Signature of Referrer **Printed Name of Referrer** **Office Stamp**

Clinic/Hospital Name **Phone** **Date**

Inclusion Criteria

1. ***ICD-10 codes for CHF diagnosis:***

   150.1 Left ventricular failure

   150.30-150.33 Diastolic (congestive) heart failure

2. ***Must have had an inpatient stay or emergency room visit in the past 12 months.***

Exclusion Criteria

a. Persons with NYHA Class I and Class IV heart failure
b. Persons with severe aortic stenosis
c. Persons with limited physical, cognitive, or behavioral abilities that would interfere with their ability to follow up with a study as determined by their ability to receive the MTM services and follow up with survey interviews.
d. Persons with anticipated life expectancy of less than a year.
e. Persons with severe allergies to eggs, soy, wheat, nuts, seeds, seed oils, or pineapple.
f. Persons receiving more than seven meals per week from their residency.