



Tennessee Department of Health HUGS Medical Verification (ADULT)

Dear Provider,

Date: _____

Your patient _____ is participating in HUGS, a statewide home visiting program. Home visitors work to coordinate care and help families achieve wellness.

Please **verify this patient is receiving recommended medical care**. We welcome additional comments or suggestions for education/ resources that would benefit this family. Thank you for your cooperation and participation as a member of the care team for this patient.

STEP 1: HIPPA Release of Information (Filled out by CLIENT GUARDIAN)

I _____, born ___/___/___ am a client of the TN Health Department. I am requesting that you verify whether or not I am keeping medical appointments.

Yo _____, nacido/a en, _____ soy un cliente del TN Departamento de Salud. Solicito verificación de mi asistencia a todas las citas medicas.

Client Signature/Firma del cliente

Date/Fecha

STEP 2: (Filled out by PROVIDER)

1) Has this client been seen in your clinical setting? Yes No

2) If Yes, please mark which trimester this patient has been seen in your clinical setting (mark all that apply):

- | | |
|---|--|
| <input type="checkbox"/> First Trimester Care | Number of Visits _____ |
| <input type="checkbox"/> Second Trimester Care | Number of Visits _____ |
| <input type="checkbox"/> Third Trimester Care | Number of Visits _____ |
| <input type="checkbox"/> Postpartum 6 week checkup: | Date (mm/dd/yy): [] [] [] [] [] [] |
| <input type="checkbox"/> Annual checkup: | Date (mm/dd/yy): [] [] [] [] [] [] |

STEP 3: (Filled out by PROVIDER)

3) Education or resources that would benefit this client?

- Safety of the environment:
- Physical Health Topics:
- Mental Health Topics:
- Family Planning:
- Nutrition:
- Substance Use/ Abuse:
- Psychosocial:

Additional Comments:

PROVIDER:

HOME VISITOR:

printed name

signature

date

printed name

phone

**Please mail
this form to:**

PH-4148
(rev. 3/12)

Or Fax to:

RDA 150

HUGS MEDICAL VERIFICATION (ADULT) INSTRUCTIONS

PURPOSE: To receive pertinent information from the medical provider to the HUGS Program. The medical verification form may be generated from within the health department or from an outside agency or entity (i.e. Hospital, Doctor's Office, Clinics, Health Centers or any medical provider, etc.). This information will assist the home visitor with information related to the compliance of prenatal, postpartum and/or medical care.

The Medical Verification Form is self-explanatory.