MEDICAL NEEDS
State of Michigan
Department of Human Services

INSTRUCTIONS: To be completed annually by a physician, nurse practitioner, physical or occupation therapist. Please print or type.

You are hereby authorized to release the information requested below to the Department of Human Services.

Case Name
Case Number
Recipient ID Number

Patient’s Name
Patient’s Birth Date

County
District
Section
Unit
Specialist

Specialist
Specialist Phone Number

Medical Provider:
We would appreciate your cooperation in completing the spaces checked below. In addition to a physician, Box A may be completed by a physician’s assistant, certified nurse-midwife, ob-gyn nurse practitioner or ob-gyn clinical nurse specialist. Providers must be Medicaid enrolled. An addressed, prepaid envelope is enclosed for your convenience.

You are hereby authorized to release the information requested below to the Department of Human Services.

Authorized Specialist’s Signature
Patient’s Name
Signature Date

Local DHS Office

Pregnancy Delivery (Expected) Date
Number of medically verified unborn children

Diagnosis(es) / Treatment plan for this patient

Chronic ongoing illness

Estimated number of office or clinic visits

Will this change? 

Give estimated number of months for the diagnosis in B that medical treatment will be required

Is the patient non-ambulatory?

If Yes, explain:

Does patient need special transportation? If Yes, indicate mode of transportation needed (e.g., van with wheelchair lift, ambulance, etc.)

Does someone need to accompany the patient to the medical appointment? If yes, who / why?

Do you certify the patient has a medical need for assistance with any of the personal care activities listed below?

Check any complex care services needed.

Can patient work at usual occupation?

Can patient work at any job?

Other (Explain)

Is the spouse or parent of the above disabled individual?

Date patient was last seen

Are you a Medicaid enrolled provider?

Name and title (Print or type)

National Provider Identifier (NPI) Number

MA enrolled Provider Signature

Signature Date

Telephone Number

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.