



**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:**  
**Molina-Third Party Assessor**  
**P.O. Box 3909**  
**Albuquerque, NM 87190**  
**Fax: (866) 553-9268, (866) 553-9272 or**  
**(866) 553-9359**

**For Hand Delivery:**  
**Molina-Third Party Assessor**  
**8801 Horizon Blvd. NE**  
**Albuquerque, NM 87113-1533**