



Want to make a difference? Send this fax!

Free energy assistance evaluation for your patients!

Baltimore City Energy Assistance Initiative

Please provide as much information as you can.

Date _____ Health Professional Name _____
Emergency Dept or Medical Office Name _____
Contact Number _____ Fax _____ Email _____

PATIENT INFORMATION

First Name _____ MI _____ Last Name _____
Address _____
City Baltimore State MD Zip _____
Phone Number(s) _____ or _____
Male/Female _____ Date of Birth _____ Does patient live alone? _____
Ages of other household members? _____
Does this patient have hyperthermia? _____ hypothermia? _____
If yes, please explain: _____

Does this person have any complicating medical conditions that make energy assistance an urgency?

- | | |
|---|--|
| <input type="checkbox"/> Para/quadriplegia? | <input type="checkbox"/> Respiratory compromise requiring oxygen, suction, or apnea monitor? |
| <input type="checkbox"/> Active immunosuppression? | <input type="checkbox"/> Multiple sclerosis? |
| <input type="checkbox"/> Renal disease requiring home dialysis? | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Scleroderma? | |

Please Fax This Form to the Baltimore City Health Department:

24 hours a day, 7 days a week

All patients will be contacted within 5 business days.

410-558-6710 (back up fax 410-396-1571)

This public health effort is HIPAA compliant. Call 410-361-9580 with questions.