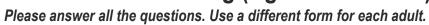
## **Health Risk Screening (Age 18 and older)**





First Name		Last Name					
Date of Birth			Member ID #				
Preferred Mailing Addr	ess						
Preferred Phone Numb	oer		Preferred Email				
Race  ☐ Asian  ☐ White  ☐ Unknown  ☐ Decline to answer	<ul> <li>☐ American Indian/Alaska Native</li> <li>☐ Black/African American</li> <li>☐ Native Hawaiian/Pacific Islander</li> <li>☐ Other</li> </ul>		Ethnicity  ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown ☐ Decline to answer ☐ Other	Preferred Language  ☐ English ☐ Spanish ☐ Other			
Are you American Ind □ Yes	ian? □ No		□ Unknown	☐ Decline to answer			
If yes, are you eligible to □ Yes	o receive Indian He □ No		□ Unknown	☐ Decline to answer			
What is your gender id ☐ Female ☐ Male	• •		•	nknown □ Decline to answe			
_	•	☐ Some high school	ol, 🗆 High school graduate, di	iploma, □ Some college credit, ) no degree			
☐ Trade/Technical/Voc	cational training	☐ Associate Degre	e 🗆 Bachelor's Degree	☐ Master's Degree			
☐ Doctorate Degree or	r equivalent	☐ Decline to answe	er 🗆 Unknown				
□ Yes	□ No	☐ Decline to a					
If yes, please explain: _							
	□ No	☐ Decline to a	_				
ii yes, piease expiaiii							
	n others to unders ☐ No	stand written mater Decline to a	rials or with filling out medic answer	al forms?			
If yes, please explain: _							

Do you need any information on a Living Will or Power of Attorney for Health Care?
☐ Yes ☐ No ☐ I already have them complete and on file ☐ Unknown ☐ Decline to answer
If yes, please explain:
GLOBAL HEALTH AND SAFETY
In general, how would you rate your health:
□ Excellent □ Very Good □ Good □ Fair □ Poor □ Unknown
If poor, please explain:
How ready are you to make changes for your health?
□ Not ready to change □ Unsure □ Ready for change □ No changes needed □ Unknown
If you are ready for a change, what changes are you ready to make for your health?
Do you have a doctor or health care provider?
☐ Yes What is your provider's name?
i Regular wellness exams can help make sure you stay as healthy as you can.
Have you seen your provider in the last 12 months? ☐ Yes ☐ No ☐ Unknown
If yes, what did you see your provider for? ☐ Preventative care/wellness visit ☐ Sick care visit
□ Follow up after being in the hospital □ Follow up after emergency room visit □ Other
If other, what was the visit for?
ilt is important to identify a doctor or health care provider to help you stay healthy and in case you get sick.
Do you need help find a primary doctor or health care provider? ☐ Yes ☐ No
bo you need help find a primary doctor of health care provider:
How many times have you been in the hospital in the last 3 months?
□ None □ 1 time □ 2 times □ More than 3 times □ Unknown  List reason(s) for hospital visit(s):
List reason(s) for nospital visit(s).
How many times have you been to the emergency room in the last 3 months?
□ None □ 1 time □ 2 times □ More than 3 times □ Unknown
List reason(s) for emergency room visit(s):
How many medicines are you currently taking that were prescribed by your doctor or over the counter?
□ None □ 1-3 prescriptions □ 4-7 prescriptions □ 8 or more prescriptions □ Unknown
Does anything prevent you from taking your medicines the way your doctor or health care provider wants you to?
☐ Yes ☐ No ☐ Unknown
If yes, what prevents you from taking your medicine?
Do you ever forget to take your medicine? ☐ Yes ☐ No ☐ Sometimes ☐ Unknown

Do you need help with your medications?	☐ Yes	□ No	☐ Decli	ne help	
If yes, please explain:					
When was the last time you saw a dentist?					
☐ In last 6 months ☐ In last 12 months	☐ More t	han 12 month	s 🗆 No	ever 🗆 Ur	ıknown
Do you need help with getting dental care?	' □ Yes	□ No	□ De	cline help	□ N/A
What is your height? feet	inches	Wha	t is your w	eight?	pounds
Have you or a doctor or provider been conc ☐ Yes, overweight ☐ Yes, underwe		out your weig □ No		known	
If you said yes to a concern about being overvare you interested in losing weight?	veight,	□ Yes	□ No	⊠ Unknown	
Do you eat a healthy diet, such as eating fr and saturated fats?	uits, veget	ables, and w	hole grain	s every day? [	Oo you limit sugar
$\square$ Yes, most of the time $\square$ Yes, sometime	es 🗆	No, not very o	ften	□ Unknown	
If you don't eat a healthy diet, what prevents the	his?				
☐ Yes ☐ No ☐ I am unable to exercise of If no, please explain:  Have you had a flu shot in the last 12 mont					
If no, reason for not getting flu shot:					
Flu shots are recommended for everyone to protect yourself and your family from the second seco			ery year. (	Setting an annu	al flu shot is the best way
What do you do to take care of yourself rel	ated to you	ur health and	wellbeing	?	
Have you had a COVID vaccination?		□ Yes I	□ No	□ Unknown	
If no, reason for not getting COVID shot:					
Do you have any health or personal goals f	or yoursel	f? □ Yes	s □ N	lo	
If yes, what are your goals?					
What do you think are your strengths?					

If vo									
□ Y	es, have you been			cancer since you olon cancer or co		□ Unknown			
Are	you female?	□ Yes	□ No	□ Unknown					
If yo	ou are female, plea	se continue	to answ	er the question:	s below. If yo	ou are male, s	skip to Soc	ial Conc	erns section.
Wha	nt is your age?	□ 18-	20 🗆	21-24 🗆 24-	-49 □ 50-6	64			
Chla	sexually active no amydia within the es  No	last year? A	nswer or		s 18-24.	for a sexually	transmitte	ed infect	ion (STI) like
Are	you pregnant? Ar	swer only if	your ag	e is 18-49. □	] Yes, due da	te is	[	□ No	□ Unknown
Have	e you had a PAP s	mear in the	last 3 ye	ars? Answer or	nly if your ag	e is 21-64.	□ Yes	□ No	□ Unknown
<b>Do y</b> □ Y	<b>⁄ou get a mammo</b> ç es □ No	gram to ched □ Unknov		east cancer at le	east every 2 y	years? Answo	er only if y	our age i	is 50-64.
SO	CIAL CONCERNS								
Wha	nt are your source	s of income	?						
□Y	you currently have fes □ No s, please explain co	□ Dec	line to an	nswer		or basic need	s (rent, uti	lities, ch	ildcare, etc.)?
, -		JIIUGIIIS							
In th	ne past 2 months h les □ No , please explain: _	nave you bee	en living known	in stable housir	ng that you o	own, rent, or s			household?
In th  Y  If no  Do y	es □ No , please explain: _  you always feel sa fes □ No	nave you bee	en living known ome and	in stable housing around all the p	ng that you o	own, rent, or s			household?
In th  Y If no  Do y Y If no	res □ No  , please explain: _  rou always feel sa res □ No  , please explain: _	nave you bee	en living known ome and known	in stable housing around all the p	ng that you o	own, rent, or s			household?
In th	es □ No , please explain: _  you always feel sa es □ No , please explain: _  you have access to	fe in your ho	en living known  ome and known  able tele	in stable housing around all the purpose of the pur	people in you	own, rent, or s			household?
In th ☐ Y If no Do y ☐ Y If no Whice ● E	res	fe in your ho	en living known  ome and known  able tele	in stable housing around all the purpose of the pur	people in you	own, rent, or some life?  Unknowne to answer			household?

•	Transportation to  If yes, what probler				☐ Decline to answer
•	Legal issues	☐ Yes	□ No	☐ Decline to answer	
	If yes, what probler	ms are you hav	ing and what he	elp do you need?	
•	Managing money			☐ Decline to answer	
	If yes, what probler	ns are you hav	ing and what he	elp do you need?	
•	Utilities	☐ Yes	□ No	☐ Decline to answer	
	If yes, what probler	ns are you hav	ing and what he	elp do you need?	
•	Childcare	☐ Yes	□ No	☐ Decline to answer	
	If yes, what probler	ms are you hav	ing and what he	elp do you need?	
•	Shopping	☐ Yes	□ No	☐ Decline to answer	
	If yes, what probler	ns are you hav	ing and what he	elp do you need?	
•	Food	☐ Yes	□ No	☐ Decline to answer	
	If yes, what probler	ns are you hav	ing and what he	elp do you need?	
•	Overnight care	☐ Yes	□ No	☐ Decline to answer	
	If yes, what probler	ns are you hav	ing and what he	elp do you need?	
•	Remembering or	understanding	things $\Box$	Yes □ No	☐ Decline to answer
	If yes, what probler	ns are you hav	ing and what he	elp do you need?	
Do	vou have a primar	v caregiver wh	no helps vou o	n a regular basis? □ Yes	□ No □ Unknown
	es, are they doing a			9	
Wh	o is your caregiver?	☐ Agency	☐ Family	☐ Friend ☐ Oth	er
Age	ency caregiver's nar	ne		Phone nun	nber
Far	mily caregiver's nam	ie		Phone nun	nber
Frie	end caregiver's nam	e		Phone nun	nber
Oth	er caregiver's name	)		Phone nun	nber

Do you have any relationships with common Yes □ No □ Unknown	unity resources (case managers	s or other agencies)?
If yes, who are the community agencies you v	vork with?	
PHYSICAL AND BEHAVIORAL HEALTH D	IAGNOSES	
Do you have any of the following? (Check	all that apply.)	
☐ Arthritis. Type		☐ COPD/Emphysema
☐ Hepatitis	□ HIV	☐ Stroke
☐ Schizophrenia	□ Eating disorder	☐ Cancer
☐ Learning Disability	☐ Depression	☐ Anxiety disorder
☐ Transplant	☐ Chronic kidney disease	☐ Heart disease
☐ High cholesterol	☐ High blood pressure	☐ Sickle cell disease (not trait)
□ Diabetes	☐ Dementia	☐ Bipolar disorder
Do you have any problems with your heari	na vision or speech requiring	enecial services?
☐ Yes ☐ No ☐ Decline to ans	- · · · · · · · · · · · · · · · · · · ·	Special Services:
If yes, please explain problems and help need	•	
ii yes, piease explain problems and help need		
Do you have any other conditions not liste	ed above?	
In the most 7 days, have your bookle much la	affa afa d ab !!:t. fa da	
In the past 7 days, have your health proble  ☐ Yes ☐ No ☐ Decline to ans		our regular daily activities?
	'	
If yes, please explain problems and help need	160:	
Do you have any other health concerns?	☐ Yes ☐ No ☐ Decline to	answer   Decline help
If yes, please explain problems and help need	ded:	
Do you need help with any of the		
concerns you listed above?	☐ Yes ☐ No ☐ Decline to a	answer    Decline help
If yes, please explain problems and help need	ded:	
BEHAVIORAL HEALTH		
In general, how satisfied you with your life	are?	
☐ Very satisfied ☐ Satisfied		ery Dissatisfied
If very dissatisfied, please explain:		
During the past month, have you often felt	lonely?	
☐ Yes ☐ No	□ Unknown	

During the past month, have you  ☐ Yes ☐ No	•	pressed, or hopeles	s?					
During the past month, have you often felt little interest or pleasure in doing things?  ☐ Yes ☐ No ☐ Unknown								
During the past year, how often d  ☐ Never ☐ 1-2 times	-	ore alcoholic drinks ☐ Weekly	in one day?  ☐ Daily or almost daily	□ Unknown				
During the past year, how often d  ☐ Never ☐ 1-2 times  If yes, any interest in quitting within	☐ Monthly	☐ Weekly	☐ Daily/almost daily☐ Unknown	□ Unknown				
During the past year, how often d  ☐ Never ☐ 1-2 times		otion drugs for nonn ☐ Weekly	nedical reasons?  ☐ Daily or almost daily	□ Unknown				
During the past year, how often d  ☐ Never ☐ 1-2 times	id you use illegal dı □ Monthly	rugs? □ Weekly	☐ Daily or almost daily	□ Unknown				
Do you have a personal history of lf yes, what type of personal misuse								
Have you received treatment for a  ☐ Yes ☐ No ☐ Unkn  If no, would you like help getting treat	nown							
Are you actively receiving treatmed  ☐ Yes. My provider is  If no, would you like help getting treatment.				□ Unknown				
Do you often have trouble falling  If yes, please explain:				□ Unknown				
What do you do to help you sleep?								
PAIN AND ACTIVITIES OF DAILY LIVING								
During the last month, have you houtside the home?  ☐ Yes ☐ No ☐ Unknown If yes, what type of pain?	nown		•	ability to work				

Are you able to safely walk once in a standing position on a va	riety of su	faces?	□ Yes	□ No	☐ Unknown	
Are you able to get into and out of bed or a chair by yourself?	□ Yes	□ No	□ Unkn	own		
Are you able to eat meals and snacks by mouth without help?	□ Yes	□ No	□ Unkn	own		
Are you able to take a bath or shower by yourself?	□ Yes	□ No	□ Unkn	own		
Are you able to dress yourself without help?	□ Yes	□ No	□ Unkn	own		
Are you able to get to and from the toilet or bedside commode	? □ Yes	□ No	□ Unkn	own		
Do you have complete self-control of your bowel and bladder f	unctions?	□ Yes	□No	□ Un	known	
Do you need help with any of the following daily activities: walking, getting out of a chair, eating, ☐ Yes bathing, dressing, or going to the bathroom?	□No	□ Unk	nown			
If yes, who helps you now?						_
Could you use extra help with these activities? ☐ Yes ☐ If yes, what type of help do you need?		l Unknow				_
GENERAL INFORMATION						
Assessment completed by:			_ Date:			
Relationship to member: ☐ Self ☐ Member representative with	h permissio	n □ F	Parent or (	guardian		
Places he sure you arewore	ad all tha au	uo ationa				

Please be sure you answered all the questions. Thank you for your time. We will be in touch with you.