MetroPlus Health Plan

NEW MEMBER HEALTH ASSESSMENT FORM

Welcome: Please, complete this form and return it in the enclosed envelope. The information is confidential and will be used only by the plan, and shared with your PCP to learn what your medical needs are and to send you health education materials. To help us reach you, please let us know if there are any changes in your address or telephone number. **You can call Customer Services @ 1-855-809-4073. We look forward to helping you stay healthy.**

DATE COMPLETED:

Member Name:	**Phone number & Alternate number:**	☐ **Male** ☐ **Female**
Member ID:		
1. Do you have a Primary Care Provider (PCP)?	☐ Yes ☐ No	
2. If YES, PCP name or site	NAME:	
3. When was the last time you saw your PCP?	DATE:	
4. Do you have a hearing problem?	☐ Yes ☐ No	
5. Vision loss/Eye problem (glaucoma or other)?	☐ Yes ☐ No	
6. When was your last dental visit?	DATE:	
7. In the *last 6 months* have you been hospitalized or visited the ER?	☐ Yes ☐ No	
8. Do you have any of the following conditions or problems?		
Asthma or Problems Breathing	☐ Yes ☐ No	
Cancer	☐ Yes ☐ No	
Liver Disease	☐ Yes ☐ No	
Bruises/ Bleeds easily (Sickle Cell Anemia)	☐ Yes ☐ No	
Diabetes	☐ Yes ☐ No	
Cholesterol Problem	☐ Yes ☐ No	
Overweight	☐ Yes ☐ No	
HIV/AIDS	☐ Yes ☐ No	
Heart Problems or High Blood Pressure	☐ Yes ☐ No	
Thyroid Problem	☐ Yes ☐ No	
Seizures (Fits or Convulsions)	☐ Yes ☐ No	
Domestic Violence	☐ Yes ☐ No	
Depression	☐ Yes ☐ No	
Smoke/ Tobacco Use	☐ Yes ☐ No	
Drug or Alcohol Use	☐ Yes ☐ No	
Disabilities: **Physically Handicapped** **Developmental Disability**	☐ Yes ☐ No ☐ Yes ☐ No	
9. List any other problem or condition not listed:		
10. Are you pregnant or expecting to becoming pregnant in the next 3 months? Due Date:_____	☐ Yes ☐ No	
11. Do you need or would you like information about Adult immunizations? (shots, vaccinations)	☐ Yes ☐ No	
12. What medicine(s), if any, are you taking?		
13. Will you need to have a prescription filled or refilled in the next 30 days?	☐ Yes ☐ No	
14. In what language would you like to receive information? ☐**English** ☐**Spanish** ☐**Chinese** ☐**Russian** ☐**Creole** ☐**Other:**		