Health Plan of San Joaquin

Health Information Form

You are receiving this form because you have enrolled in Health Plan of San Joaquin. Your new plan will use this form to make sure you get needed care. Please mark the circle for the answers that apply to you. Complete one form for each person in your family who is enrolling in Health Plan of San Joaquin.	If you have any questions, please call Health Plan of San Joaquin at **888.936.7526, TTY/TDD 711**. Monday through Friday between 8 AM and 5 PM. Please return completed form in self-addressed stamp envelope to: **Health Plan of San Joaquin** **ATTN: CARE MANAGEMENT DEPARTMENT** **7751 S. Manthey Road, French Camp, CA 95231**

Filling out this form is voluntary. You will not be denied care based on your confidential answers.

Member ID#: _____ **Phone number:** _____

Member Name: _____

DOB: _____

1. Do you need to see a doctor within the next 60 days? ..... Yes No
   a. Have you met your doctor? ..... Yes No
2. Do you take 3 or more prescription medicines each day? ..... Yes No
3. Do you see a doctor for a mental health issue like changes in mood, actions, or avoiding social time? ..... Yes No
4. Have you been to the emergency room two or more times in the last 12 months? ..... Yes No
5. Have you been admitted to the hospital in the last 12 months? ..... Yes No
6. Have you needed help with personal care, such as bathing, getting dressed or changing bandages in the last 6 months? ..... Yes No
7. Are you using medical supplies, such as a hospital bed, wheelchair, walker, oxygen, or ostomy bags? ..... Yes No
8. Do you have a condition that limits your activates or what you can do? ..... Yes No
9. Are you pregnant? ..... Yes No
   a. If yes, are you currently seeing a doctor for this pregnancy? ..... Yes No
10. Do you see a doctor regularly for a chronic medical condition? ..... Yes No
    a. If yes, fill in all that apply:

○ Asthma	○ Cancer	○ Cystic Fibrosis	○ Diabetes
○ Heart Problems	○ Hepatitis	○ High Blood Pressure	○ HIV or AIDS
○ Kidney Disease	○ Seizures	○ Sickle Cell Anemia	○ Tuberculosis

If you think you need to see a doctor before HPSJ contacts you, you should go to the doctor or hospital.

Signature: _____ Date: _____