

Date: \_\_\_\_\_

Member Name: \_\_\_\_\_ If Child: Parent(s)/Guardian: \_\_\_\_\_

Member ID or SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Member Address: \_\_\_\_\_

Member Phone Number: \_\_\_\_\_ PCP Name: \_\_\_\_\_

**\*\* Complete for all Driscoll Health Plan members. \*\*\***

- How is the member's overall health?    Excellent    Good    Poor    Very Poor  
Please list POOR or VERY POOR conditions below:  
\_\_\_\_\_
- Does the member need special equipment to walk, talk, hear, breathe, or feed?    YES    NO  
If YES list equipment:  
\_\_\_\_\_
- Is your family involved in traveling for farm work?    YES    NO  
If YES where does your family travel to?  
\_\_\_\_\_
- If YES, does the member have a poor or very poor health condition?    Poor    Very poor  
Please list POOR or VERY POOR conditions below:  
\_\_\_\_\_
- Does the member have any current health problems?
 

Heart _____	Cystic Fibrosis _____
Cancer _____	HIV or AIDS _____
Bleeding _____	Mental Health _____
Diabetes _____	Depression _____
Kidney _____	Eating Disorders _____
COPD _____	Substance Misuse _____

Other health problems:  
\_\_\_\_\_  
\_\_\_\_\_

- Has the member had 3 Emergency Room visits or 1 admission for diabetes in the past 90 days?  
YES    NO
- Has the member had 3 Emergency Room visits or 1 admission for asthma in the past 90 days?  
YES    NO
- Is the member pregnant?    YES    NO    **(If YES, please continue.)**

**Living Situation**

- What is your living situation today?    Rent    Own    Live with a relative/friend
- Where you live, do you have any problems such as pests, mold, leaks etc?    YES    NO  
If YES please list problem(s):  
\_\_\_\_\_

**Food**

- Within the past 12 months, you worried that your food would run out before you got money to buy more. (Circle below)  
Often true                      Sometimes true                      Never true
- Within the past 12 months, the food you bought just didn't last and you didn't have money to get more. (Circle below)  
Often true                      Sometimes true                      Never true

**Transportation**

- In the past 12 months, has lack of reliable transportation kept you from a medical appointment, meetings, work, or from getting things needed for daily living?    YES    NO  
If YES please list:  
\_\_\_\_\_

**Utilities**

- In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home?    YES    NO    Already Shut Off

**Safety**

- How often does anyone, including family and friends, physically hurt you?  
Never    Rarely    Sometimes    Fairly Often    Frequently
- How often does anyone, including family and friends, insult or talk down to you?  
Never    Rarely    Sometimes    Fairly Often    Frequently
- How often does anyone, including family and friends, threaten you with harm?  
Never    Rarely    Sometimes    Fairly Often    Frequently
- How often does anyone, including family and friends, scream or curse at you?  
Never    Rarely    Sometimes    Fairly Often    Frequently