

GENERAL HEALTH ASSESSMENT FORM

Please complete this Health Assessment to help us determine if you could benefit from any of our Health and Wellness Programs (Diabetes in Control, Asthma Matters, Healthy Living, Healthy Heart, and Healthy Mind). Your answers will also help us better serve your needs and connect you to free and low-cost community resources. After reviewing your completed form, a Community First Health Educator will reach out to you.

Member Name:

Date of Birth:

Member ID #:

Email:

Address:

Address Line 2:

City:

State / Province / Region:

ZIP / Postal Code:

Height:

ft

in

Weight:

lbs

How should we contact you?

Email

Phone

CLINICAL HISTORY

Do you have any of the following conditions:

Arthritis

Heart Failure

Asthma

Hypertension (High Blood Pressure)

Chronic Obstructive Pulmonary Disease (COPD)/Emphysema

Weight-related condition (overweight, obesity or underweight)

Coronary Artery Disease (CAD)

None

Diabetes

I don't know/I'm not sure

RISK FACTORS

Do you have any of the following risk factors for a chronic condition?*

Borderline high blood pressure

Sedentary lifestyle

Borderline high blood sugar (prediabetes)

Smoking

Excessive alcohol consumption

Substance use/addiction

Exposure to toxins/chemicals/pollution

Other

High cholesterol or lipids (dyslipidemia)

None

History of sun exposure

I don't know/I'm not sure

Obesity

MEDICATION

Do you take any prescription, over-the-counter, or herbal/supplement medications?* YES NO

PREVENTIVE CARE - VACCINATIONS

Have you had any of the following vaccinations? Check all that apply.*

Hepatitis A	Tdap (or booster within the last 10 years)
Hepatitis B	Varicella
HPV	Zoster
Influenza (within the last year)	Other
Measles, Mumps, Rubella (MMP)	None
Meningococcal	I don't know/I'm not sure
Pneumococcal (within the last 5 years)	

SOCIAL DETERMINANTS OF HEALTH

Where do you currently live?

House/Apartment	No
I do not have housing (homeless, staying with others, in a hotel, in a shelter)	I prefer not to answer this question

What is the highest level of education you have completed?

Less than a high school diploma	More than a high school diploma/GED
High school diploma/GED	I prefer not to answer this question

Do you need help getting food or going to the grocery store?

Yes	I prefer not to answer this question
No	

Do you need help with transportation to places like work, medical appointments, or the grocery store?

Yes	I prefer not to answer this question
No	

SELF-MANAGEMENT

Are you currently being treated for any medical conditions or illnesses?

Yes
No

Do you understand your current treatment plan?

Yes	I don't know/I'm not sure
No	N/A

Do you have any current concerns or questions regarding your condition(s)?

Yes	I don't know/I'm not sure
No	N/A

Do you understand the importance of managing your health and monitoring condition(s) to reduce your risk of complications?

Yes	I don't know/I'm not sure
No	

MENTAL HEALTH ASSESSMENT QUESTIONS

Over the past two weeks, how often have you been bothered by feeling down, depressed, or hopeless?

Not at all	More than half of the days
Several days	Nearly every day

Over the past two weeks, how often have you had little interest or pleasure in doing things?

Not at all	More than half of the days
Several days	Nearly every day

MEMBER COMMUNICATION CONSENT

Do you consent for Community First to communicate information electronically through a secure system that is designed to keep your information safe. You will be notified via email or SMS text when there is secure information for you to review. The email or SMS text will provide a link that will take you to the secure site. After clicking on the link, you will be required to login to access your information.*

Yes

No