COMMUNITY FIRST
HEALTH PLANS

Member ID: Email:

Name: Date

Phone #: Weight: Height: BMI Range:

GENERAL CARE INITIAL ASSESSMENT

Please indicate that you have read this disclosure statement to the Member and/or caregiver/guardian

- ☐ Yes
- ☐ No

How would you rate your overall health?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very Poor

What is your preferred language?

- ☐ English
- ☐ Spanish
- ☐ French
- ☐ German
- ☐ Arabic
- ☐ Hebrew
- ☐ Japanese
- ☐ Italian
- ☐ Polish
- ☐ Russian
- ☐ Chinese
- ☐ Other

Which of the following would you say best describes your race and ethnicity? Please select all that apply

- ☐ White
- ☐ Hispanic or Latino
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ American Indian, Alaskan Native, or First Nation
- ☐ Mixed Race
- ☐ Prefer not to answer
- ☐ Don't know/unsure

Do you take your medications (including over-the-counter) exactly as your healthcare provider(s) recommends?

- ☐ Yes
- ☐ No

What are the reasons you are not taking your medications exactly as your healthcare provider(s) recommends?

- ☐ Cannot afford medications
- ☐ Problems with side effects
- ☐ Did not fill prescriptions
- ☐ Does not see need for medication
- ☐ Lack of knowledge about medication use
- ☐ Other
- ☐ Forget to take them
- ☐ Forget to bring the medication with me
- ☐ I feel better so I stopped taking them
- ☐ Transportation issues
- ☐ Inadequate care giver support
- ☐ I am on too many medications so I don't take all of them every time as ordered

If there are 'Other' barriers to taking your medications, please explain.

Have you ever been told by a healthcare provider that you had or have any of these conditions?

- ☐ Diabetes
- ☐ Heart Failure (HF)
- ☐ Coronary Artery Heart Disease (CAD)
- ☐ Chronic Obstructive Pulmonary Disease (COPD)
- ☐ Asthma
- ☐ HIV/AIDS
- ☐ Back Pain
- ☐ Cancer of any type
- ☐ Depression
- ☐ Pre-diabetes, borderline diabetes, impaired fasting glucose, high blood sugar
- ☐ Angina or Angina pectoris
- ☐ Heart Attack (myocardial infarction, MI)
- ☐ Any other heart condition
- ☐ Stroke or transient ischemic attack (TIA)
- ☐ Ulcer (stomach, duodenal, peptic)
- ☐ Kidney or liver condition
- ☐ Arthritis
- ☐ Schizophrenia
- ☐ Bipolar disorder
- ☐ Chronic Pain
- ☐ Other
- ☐ None of the conditions listed

If you answered 'Other', what condition were you told that you had?

Have you had a flu shot within the past year?

- ☐ Yes
- ☐ No
- ☐ Not Certain

Are you up to date on all vaccines recommended for your age and sex? (i.e., Tdap for age 19 and older every 10 years, Shingles age 60 >)

- ☐ Yes
- ☐ No
- ☐ Not Certain

How many times in the past month have you used drugs recreationally or abusively (more than prescribed)?

- ☐ One time
- ☐ Three times
- ☐ I don't use drugs recreationally or abusively
- ☐ Two times
- ☐ More than 3 times

Have you EVER used tobacco or e-cigarettes with nicotine products?

- ☐ Yes
- ☐ No
- ☐ Occasional smoker

Do you have any other questions, fears or concerns about your health?

How would you prefer that we be in contact with you?

- ☐ Phone
- ☐ Email
- ☐ Web portal
- ☐ Postal mail
- ☐ Text
- ☐ Other

If there are 'Other' means of contacting you, please explain.

PHQ2

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things?

- ☐ Not at All
- ☐ More than half of the days
- ☐ Several Days
- ☐ Nearly everyday

Feeling down, depressed or hopeless?

- ☐ Not at All
- ☐ More than half of the days
- ☐ Several Days
- ☐ Nearly everyday

SOCIAL DETERMINANTS OF HEALTH

Do any of the following create barriers that interfere with your ability to get the care you (or your child) need(s)?

- ☐ Transportation
- ☐ Housing
- ☐ Clothing
- ☐ Food
- ☐ Finances
- ☐ Employment
- ☐ Other
- ☐ None
- ☐ Lack of support system
- ☐ Language barrier
- ☐ Cultural barrier
- ☐ Lack of motivation
- ☐ High level of stress
- ☐ Caregiver responsibilities
- ☐ Exposure to crime, violence, social disorder
- ☐ Residential isolation and/or other forms of discrimination
- ☐ Lack of access to emerging technologies
- ☐ Difficulty interacting with others
- ☐ Health beliefs and behaviors

If you answered 'Other' to barriers that interfere with your ability to get the care you need, please explain.