



Health Risk Screening

Please take a few minutes to fill out this form. This will help us identify any extra needs or services you may require. Please place this form in the provided postage paid envelope and drop in the mail. You may also fill this form out online at www.IlliniCare.com.

If you have any questions, call IlliniCare Health at **1-866-329-4701** (TTY: 711) or visit www.IlliniCare.com.

One Member per Form

Member First Name: Last Name:

Medicaid ID*: Member Date of Birth (mmddyyyy):

Name of Person Answering Questions:

Relationship to Member: Self Parent Guardian Designee Health Plan Representative

Member Height: feet inches

1. Do you know who your PCP (doctor) is? Yes No

PCP's Name:

PCP's Phone Number: - -

When did you last see your PCP? Less than 3 months ago More than 3 months ago Never

Do you have an appointment scheduled with your PCP? Yes No

If Yes, when?

2. Are you seeing a behavioral health provider? Yes No

Behavioral Health Provider's Name:

Behavioral Health Provider's Phone Number: - -

When did you last see your behavioral health provider? Less than 3 months ago More than 3 months ago Never

3. Do you see more than one provider? Yes No

4. Are you having a problem with any of your medications that prevent you from using them the way your doctor ordered them? Yes No

5. Have you been admitted to a hospital in the last 6 months? Yes No

6. Have you been admitted to a hospital for a psychiatric/mental health condition in the last 6 months?

Yes No

If yes, what was the reason for admission?

7. Have you been to the emergency room (ER) more than once in the last six months? Yes No

8. Are you currently pregnant? Yes No If yes, please answer the following and complete a pregnancy form. The form is on our website and included in your member welcome packet.

Name of the doctor caring for you during this pregnancy:

Your Baby's Due Date (mmddyyyy):



9. Are you currently being treated for any of the following conditions?

- Alcohol or Substance Abuse
- Asthma
- Anemia, Bleeding Problems or Hemophilia
- Cancer
- Chronic Pain
- COPD (lung disease)
- Depression
- Developmental Disability
- Diabetes
- Heart Disease
- High Blood Pressure
- HIV/AIDS
- Hyperlipidemia
- Kidney Disease
- Transplant (on waiting list or received transplant in the past 12 months)
- Obesity
- Schizophrenia
- Traumatic Brain Injury (TBI)
- Bipolar Disorder
- Major Depression

10. Any mental health condition? Yes No

What is your mental health diagnosis?

11. Other medical conditions? Yes No

List other medical conditions:

12. Are you currently working with a Service Coordinator/Case Manager? Yes No

Name:

Agency:

Phone Number: - -

13. Are you currently feeling sad, down or depressed? Yes No

14. Have you had recent thoughts of hurting yourself or someone else? Yes No

15. Do you see or hear things that others do not see or hear? Yes No

16. Do you feel unsafe and that others are actively attempting to do you harm? Yes No

17. Are you interested in quitting the use of drugs or alcohol? Yes No

18. Do you need any special equipment or supplies right now? Yes No

19. Do you need any assistance with activities of daily living? Yes No

20. If you do need assistance are you currently receiving services? Yes No

21. Do you have a living will or advanced directive? Yes No

22. Are you interested in receiving information about a living will or advanced directive? Yes No

23. If we would need to return a call to you, what is the best time and telephone number to reach you?

Morning Afternoon Evening Telephone number: - -

PLEASE PLACE THIS FORM IN THE PROVIDED POSTAGE PAID ENVELOPE AND DROP IN THE MAIL.

If you are currently having any problems (physical, social, behavioral) that you would like to talk to a IlliniCare Health staff person about, please call us at 1-866-329-4701 (toll free #).

IlliniCare Health will use the information on this form to help you get health care services. Your information will be kept private and confidential as required by State and Federal law. For more information, please see the Notice of Privacy Practice section of your member handbook or call us at 1-866-329-4701 or TDD/TTY 1-866-811-2452.

