Health assessment

EASTERN OREGON COORDINATED CARE ORGANIZATION

This form asks you questions about your health. Your answers will be kept private. Only people in the EOCCO who can help you stay healthy will see this information. Answers to these questions will not change your benefits or insurance. Thank you for helping us get to know you better.

Member name	Phone number	Member ID

Name of the person completing the form (if not the member)

Name of your PCP (primary care provider — the doctor who takes care of you and helps you stay healthy)

When did you last see your PCP?	If you do not have a PCP, do you need help choosing one? ☐ Yes ☐ No

How do you get to your doctor appointments? (check all that apply)

☐ I drive my own car ☐ Local transportation service ☐ Friend/family member take me

☐ I take the bus ☐ Other (please list) _____

Please answer each of the questions that apply to you:

Children under 18

Is your child up to date with vaccinations (shots)? ☐ Yes ☐ No	Does your child have any special needs? ☐ Yes ☐ No If yes, please list _____

Pregnancy

Are you pregnant now? ☐ Yes ☐ No	When is your baby due?

What is the name of your doctor who is caring for you during your pregnancy?

Member Name: _____

Member ID: _____

Please answer these questions about yourself (the member)			
Do you live alone?	☐ Yes ☐ No	Do you have help available to you if you need it?	☐ Yes ☐ No
Do you have stairs in your home?	☐ Yes ☐ No	Can you reach your bedroom, bathroom and kitchen easily?	☐ Yes ☐ No
Do you need help with walking or bathing?	☐ Yes ☐ No	Are you able to enjoy social activities as much as you like?	☐ Yes ☐ No
Over the past two weeks, have you felt little pleasure or interest in doing things?	☐ Yes ☐ No	Over the past two weeks, have you ever felt down, depressed or hopeless?	☐ Yes ☐ No
Do you smoke or use tobacco?	☐ Yes ☐ No	Does anyone in your home smoke or use tobacco?	☐ Yes ☐ No
Do you have a problem or have you had a problem in the past 12 months with:			
Diabetes	☐ Yes ☐ No	Teeth	☐ Yes ☐ No
High blood pressure (hypertension)	☐ Yes ☐ No	Eyes or vision	☐ Yes ☐ No
Lung problems	☐ Yes ☐ No	Asthma	☐ Yes ☐ No
Seizures	☐ Yes ☐ No	High cholesterol	☐ Yes ☐ No
Cancer	☐ Yes ☐ No	Pregnancy*	☐ Yes ☐ No
Injury or broken bones	☐ Yes ☐ No	Depression	☐ Yes ☐ No
Heart problems	☐ Yes ☐ No	Drugs or alcohol	☐ Yes ☐ No
Please tell us about any “yes” answers from the above list.			

*Education benefit is available for diabetes and pregnancy.
Please call our customer service at 1-888-788-9821.

Member Name: _____

Member ID: _____

How tall are you?	How much do you weigh (when not pregnant?)

Do you have any disabilities? ☐ Yes ☐ No
If yes, what are they? _____

Do you use any special medical equipment? ☐ Yes ☐ No
If yes, what are they? _____

Are you taking any medications, including over-the-counter medicines like aspirin? ☐ Yes ☐ No
If yes, what do you use? _____

Please choose your race (choose all that apply to you):

☐ American Indian / Tribe _____ ☐ Alaskan Native ☐ Asian ☐ Black/African American

☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other _____ ☐ I do not know

Please choose your ethnicity (choose all that apply to you):

☐ American Indian - Tribe _____ ☐ Alaskan Native ☐ Asian ☐ Black/African American

☐ Native Hawaiian/Pacific Islander ☐ Hispanic/Latino/Spanish Origin ☐ White

☐ Other _____ ☐ I do not know

Please check your preferred language:

☐ English ☐ Spanish ☐ Chinese ☐ Arabic ☐ Cambodian/Khmer ☐ Gujarati ☐ Hindi

☐ Indonesian ☐ Nepali ☐ Polish ☐ Russian ☐ Vietnamese ☐ Other _____

Other languages and formats: You can get this document in another language, large print, or another way that is best for you. You can also have a language interpreter. Call 888-788-9821 (TTY/TDD 711).

Eastern Oregon Coordinated Care Organization must follow state and federal rights laws. We cannot treat people unfairly in any of our services or programs because of a person's age, color, disability, gender identity, marital status, national origin, race, religion, sex or sexual orientation.

ATENCIÓN: Si habla español,hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 888-788-9821 (TTY: 711). 注意：如果您說中文，可得到免費語言幫助服務。請致電 888-788-9821 (聾啞人專用：711.

Member Name: _____

Member ID: _____

Please tell us how much you agree or disagree with each statement when it comes to your health. Your answers should be what are true for you and not just what you think your doctor wants you to say. If the statement does not apply to you, choose N/A.	
When all is said and done, I am the person who is responsible for taking care of my health.	☐ Disagree Strongly ☐ Disagree ☐ Agree ☐ Agree Strongly ☐ N/A
Taking an active role in my own health care is the most important thing that affects my own health.	☐ Disagree Strongly ☐ Disagree ☐ Agree ☐ Agree Strongly ☐ N/A
I know what each of my prescribed medications do.	☐ Disagree Strongly ☐ Disagree ☐ Agree ☐ Agree Strongly ☐ N/A
I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself.	☐ Disagree Strongly ☐ Disagree ☐ Agree ☐ Agree Strongly ☐ N/A
I am confident that I can tell a doctor concerns I have even when he or she does not ask.	☐ Disagree Strongly ☐ Disagree ☐ Agree ☐ Agree Strongly ☐ N/A
I am confident that I can follow through on medical treatments I may need to do at home.	☐ Disagree Strongly ☐ Disagree ☐ Agree ☐ Agree Strongly ☐ N/A
I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising.	☐ Disagree Strongly ☐ Disagree ☐ Agree ☐ Agree Strongly ☐ N/A
I know how to prevent problems with my health.	☐ Disagree Strongly ☐ Disagree ☐ Agree ☐ Agree Strongly ☐ N/A
I am confident I can figure out solutions when new problems arise with my health.	☐ Disagree Strongly ☐ Disagree ☐ Agree ☐ Agree Strongly ☐ N/A
I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress.	☐ Disagree Strongly ☐ Disagree ☐ Agree ☐ Agree Strongly ☐ N/A

Thank you for answering this form! Please mail us your answers in the pre-paid return envelope. If you have any questions, please call us at 503-948-5561, 1-800-592-8283 (toll-free) or 711 (TTY) Monday through Friday from 7:30 a.m. to 5:30 p.m. PT and ask for our Intensive Care Management (ICM) nurse.

Si necesita ayuda para traducir esta información en español, por favor llame 888-788-9821.

Member Name: _____

Member ID: _____

1288 (03/21)