

**General Assessment**

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| Member Name: | | **UCare** Number: |
| Click here to enter text. | | Click here to enter text. |
| **DOB:** | **UCare Product:** | Date Completed: |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Health History**

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| **Hospitalizations in last 12 months** | |
| **Number:** **Please describe**: Click here to enter text. | |
| **ER Visits in last 12 months** | |
| **Number** **Please describe**: Click here to enter text. | |
| Do you have any of the following health conditions? | |
| **Neurological**:  Yes  No If yes, what?  Click here to enter text. | **Cardiac**:  Yes  No If yes, what?  Click here to enter text. |
| **Respiratory**:  Yes  No If yes, what?  Click here to enter text. | **GI**:  Yes  No If yes, what?  Click here to enter text. |
| **Endocrine**:  Yes  No If yes, what?  Click here to enter text. | **Orthopedic**:  Yes  No If yes, what?  Click here to enter text. |
| **Renal**:  Yes  No If yes, what?  Click here to enter text. | **Autoimmune**:  Yes  No If yes, what?  Click here to enter text. |
| **Other:**  Yes  No If yes, what?  Click here to enter text. | |

**Preventative Care**

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| **Have you had any of the following tests or exams within the last 12 months?** | **If No, would you like your**  **CM to assist scheduling?** |
| **Annual Physical or wellness exam?** Choose an item.  **Comments** Click here to enter text. | **Yes  No** |
| **Dental Exam?** Choose an item.  **Comments** Click here to enter text. | **Yes  No** |
| **Vision Exam?** Choose an item.  **Comments** Click here to enter text. | **Yes  No** |
| **Mammogram?** Choose an item.  **Comments** Click here to enter text. | **Yes  No** |
| **Prostate Exam or PSA test?** Choose an item.  **Comments** Click here to enter text. | **Yes  No** |
| **Colorectal screening?** Choose an item.  **Comments** Click here to enter text. | **Yes  No** |
| **Flu Shot?** Choose an item.  **Comments** Click here to enter text. | **Yes  No** |
| **Pneumonia Shot?** Choose an item.  **Comments** Click here to enter text. | **Yes  No** |
| **For members with diabetes only.**  **Have you had any of the following tests within the last 12 months?** | **If No, would you like**  **CM to assist scheduling?** |
| **A1C test?** Choose an item.  **Kidney function (nephropathy) test?** Choose an item.  **Comments** Click here to enter text. | **Yes  No**  **Yes  No** |

**Activities of Daily Living**

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| **Do you need assistance with any of the following (check all that apply). If yes, please describe needs.** |
| **Ambulating/transferring  Grooming  Dressing  Bathing**  **Going to the bathroom  Meal Preparation  Eating**  **Comments:** Click here to enter text. |

**Home Safety**

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| **Do you feel safe within your current living arrangement?**  Yes  No  Chose not to answer   * **If no, list circumstances:** Click here to enter text. |
| **Do you have any safety concerns about your living arrangement?** *(i.e. cords, rugs, stairs)*  Yes  No  Chose not to answer   * **If yes, describe**: Click here to enter text. |
| **Have you fallen in the past 12 months?**  Yes  No  Chose not to answer  **Comments:** Click here to enter text. |

**Medications *(Prescribed and Over-the-counter)***

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| **Please list all medications and supplements you are taking. Include name, dose and frequency taken.** |
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| **How do you organize your medications?** *(i.e. med box, dispenser, etc.)*Click here to enter text.  **Do you ever miss doses of your medications?**  Yes  No  Chose not to answer  **If yes, please explain why:** Click here to enter text. |

**Advanced Directives**

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| **Do you have any of the following in place? *(Check all that apply)*** |
| Advance Directives  Living Will  Durable Power of Attorney for Health Care  Durable Power of Attorney for Financial  **If none of the above were listed, was a discussion about Advance Directives completed?**    Yes  No   * **If no, why not?** Click here to enter text.   **Additional Comments**: Click here to enter text. |

**Case Manager Signature: Date:** Click here to enter a date.

**Type CM Name and Credentials:**Click here to enter text.