

**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. |
| **Referral Source**: Click here to enter text. | | |

**Health History**

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| 1. **How many hospitalizations have you had in the last 12 months?** | | |
| **Number:** **Please describe (list date, dx and any other applicable information)**: Click here to enter text. | | |
| **1.1 Four Pillars. Complete this section if a member was identified due to a recent admission and subsequently has discharged home (or to usual care setting) within last 30 days. If no recent admission with discharge home, proceed to question #2.** | | |
| **Do you have a follow-up appointment scheduled? (CM Note – if due to a Mental Health hospitalization, follow-up appointment should be within 7 days.)**  **Comments** Click here to enter text. | | **Yes  No** |
| **Can you verbalize the warning signs/symptoms to watch for & how to respond?**  **Comments** Click here to enter text. | | **Yes  No** |
| **Do you have a Personal Health Care Record?**  **Comments** Click here to enter text. | | **Yes  No** |
| **CM: Was medication reconciliation completed? (Document current meds in medication section of assessment.)**  **Comments** Click here to enter text. | | **Yes  No** |
| **CM: Any homecare/DME or resource needs (etc.) from most recent admit?**  **Comments** Click here to enter text. | | **Yes  No** |
| 1. **How many ER Visits have you had 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. | | |

**Mental Health and Substance Use**

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| 1. **Do you have any of the following health conditions?** | |
| **Mental Health dx or concerns:**  Yes  No  If yes, what? Click here to enter text. | **Substance Use/Abuse dx or concerns**:  Yes  No or NA  If yes, what? Click here to enter text. |

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

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| 1. **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 tell me what your challenges are:** Click here to enter text. |

**Preventative Care**

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| 1. **Have you had any of the following tests or exams within the last 12 months?** | **If No, would you like**  **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 (note if member has diabetes, will need dilated eye exam)?**  Choose an item.  **Comments** Click here to enter text. | **Yes  No** |
| **Mammogram (recommended ages 50-74)?** Choose an item.  **Comments** Click here to enter text. | **Yes  No** |
| **Prostate Exam or PSA (USPSTF) test (recommended ages 55-69)?**  Choose an item.  **Comments** Click here to enter text. | **Yes  No** |
| **Colorectal screening (recommended ages 45-75) If no, would you be willing to do an in-home test?** 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 (recommended ages 65+)?** 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 test (urine albumin/creatinine ratio)?** Choose an item.  **Dilated eye exam?** Choose an item.  **Comments** Click here to enter text. | **Yes  No**  **Yes  No**  **Yes  No** |

**Activities of Daily Living and Home Safety**

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| 1. **Do you need assistance with any of the following (check all that apply). If yes, please describe needs.** |
| **Ambulating/transferring  Grooming  Dressing  Bathing**  **Toileting  Incontinence issues  Meal Preparation  Eating**  **Comments:** Click here to enter text. |
| **Have you had any falls in the last 12 months? [CM – ask about trip hazards in the home]**  Yes  No  Chose not to answer   * **If yes, describe**: Click here to enter text. |

**Social Determinant of Health Needs**

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| 1. **Do you have any of the following needs? *(Check all that apply)*** |
| utility resources (heat/electricity/water)  food resources  transportation resources  prescription medication resources    safety needs  other resource needs  denies resource needs  **Additional Comments**: Click here to enter text. |

**Advanced Directives**

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| 1. **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. |

**Member appropriate for CM?**  Yes  No Click here to enter text.

**Member consents to CM?**  Yes  No Click here to enter text.

**Case Manager Signature & Credentials:** Click here to enter text.

**Date:** Click here to enter a date.