

## Health Risk Screening Form

Please take a few minutes to fill out the form on the other side. This will help us identify the need for disease or case management.

**Please place this form in the provided envelope and drop in the mail.  
The postage has already been paid.**

If you have any questions, please call Absolute Total Care at (866) 433-6041 (TDD/TTY (866) 912-3609).

***You will earn \$10 on your prepaid Absolute Total Care CentAccount Healthy Rewards (Healthy Rewards) debit card for sending this form back!***

For information on more ways to earn rewards on your Healthy Rewards card, call Absolute Total Care at (866) 433-6041 (TDD/TTY (866) 912-3609) or visit [www.absolutetotalcare.com](http://www.absolutetotalcare.com).

Name of person completing this form:

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May we have your permission to contact you if we have any questions?

Yes    No



Please answer the following questions for each Absolute Total Care member of your household:

Member Name: \_\_\_\_\_ Member ID Number:

1. Is this member currently pregnant?  Yes  No *If yes, please answer the following:*  
Doctor Name (OB): \_\_\_\_\_ Baby Due Date: \_\_\_\_\_
2. What conditions has this member been treated for, or is currently being treated for? (check all that apply)  
 Alcohol Abuse  Cancer  Mental Health Problems  Transplant  Diabetes  HIV/AIDS  
 Asthma  Congestive Heart Failure  Substance Abuse Problem  Other Medical Problem \_\_\_\_\_
3. Has this member been hospitalized 2 or more times in the last 12 months?  Yes  No
4. Has this member been to the emergency room 3 or more times in the last 6 months?  Yes  No
5. Has this member been experiencing any of the following symptoms? (check all that apply)  
 Shortness of Breath  Chronic Cough  Need for Supplemental Oxygen  Recurrent dizziness or "light-headedness"
6. Is this member currently using any of the following medication? (check all that apply)  
 Advair  Aerobid  Atrovert Inhaler  Albuterol  Flovent  Symbicort  Spiriva Inhaler  Terbutaline  Salmeterol  
 Cozaar  Tekturna  Ace inhibitors (Captopril, enalapril, lisinopril, ramipril(Altace))  Hypertension: hydrochlorothiazide  Diovan Theopylline (oldish therapy)  
 Beta-blockers (atenolol, labetalol,propranolol,metoprolol)  Calcium channel blockers (Nifedipine, verapamil, diltiazem)

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