silver summit health plan

General 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.silversummithealthplan.com.

If you have any questions, call SilverSummit Healthplan at 1-844-366-2880 (TDD/TTY: 1-844-804-6086).

One Member per form

Member Name (Last,First):

Date of Birth (MM/DD/YYYY):

*Medicaid ID:

Name of person answering questions:

Relationship to Member:

☐ Parent ☐ Guardian ☐ Spouse ☐ Friend ☐ Lawyer ☐ Provider ☐ Other

If we would need to return a call to you, what is the best time to reach you?

☐ Morning ☐ Afternoon ☐ Evening

What is the best telephone number to reach you?

Member's Height: ☐ Feet ☐☐ Inches Member's Weight: ☐☐☐ Pounds

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

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

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

Have you been admitted to a hospital in the last 12 months? ☐ Yes ☐ No

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

Are you currently pregnant? ☐ Yes ☐ No ☐ Unsure ☐ N/A

Do you currently have any of the following conditions? (check all that apply)

☐ Alcohol or Substance Abuse ☐ Asthma ☐ Cancer ☐ COPD

☐ Depression ☐ Diabetes ☐ Heart Disease ☐ High Blood Pressure

☐ HIV/AIDS ☐ Kidney Disease ☐ Mental Health Condition

☐ Transplant (On waiting list or received transplant in the last 12 months) ☐ Tobacco use

Other medical condition(s)

Do you have any special needs (such as hearing, vision or mobility problems)? ☐ Yes ☐ No

If yes, please describe special needs

Rev. 02 28 2017
NV-HRS-1186

Health Risk Screening Addendum

Name:

Date of Birth (MM/DD/YYYY):

*Medicaid ID:

*Are you eligible to receive Indian Health Services? Yes No

Are you eligible for Home Community Based Services or Waiver services? Yes No

Rev. 02 28 2017
NV-HRS-1186-2