Health Risk Assessment Form

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



► The attached form must be completed and returned in the enclosed envelope.

Name of the person completing this form:	
May we have your permission to contact you if we have any questions? Yes 🗆 No 🗆	
Member Name:	Member ID Number:
Telephone Number:	Primary Language Spoken:
1. Does this member have a Primary Care Physician (PCP) ?	
a) This member had a PCP visit in the last 3 months. 🗆 Yes 🛛 No	
b) This member had a routine physical in the last 3 months. \Box Yes \Box No	
c) Would this member like to be contacted to identify a participating doctor. \Box Yes \Box No	
2. Does this member have a dentist they see regularly? □ Yes □ No	
a) Has this member had an emergency dentist visit in the last 3 months. \Box Yes \Box No	
b) Has this member had a scheduled routine dental exam in the last 3 months 🗆 Yes 🛛 No	
c) Would this member like to be contacted to identify a participating dentist. 🗆 Yes 🛛 🗆 No	
3. Does this member use medical equipment, such as wheelchair or oxygen, in the home? 🗆 Yes 🛛 🗋 No 🛛 If yes, what?	
4. Has this member been hospitalized in the last year? □ Yes □ No	
5. Has this member been to the Emergency Room (ER) 3 or more times in the last 6 months? 🗆 Yes 🛛 No	
6. What conditions has this member been treated for or are currently being treated for:	
🗆 Alcohol Abuse 🗆 Mental Health Problems 🗆 Substance Abuse Problems 🗆 HIV/AIDS 🗆 Transplant 🗆 Sickle Cell	
🗆 Asthma 🛛 Congestive Heart Failure 🗆 Diabetes 🗆 Cancer 🗆 Other Medical Problems	
7. Is this member currently pregnant? Yes No If yes, please answer the following:	
a) What is the name of this member's doctor (OB)?	
b) Baby Due Date:	
8. Does this member take 4 or more medicines every day? 🗆 Yes 🛛 No	
If yes, please list the medications:	

A visit to a doctor for pregnancy care should happen within 14 days of either becoming a Peach State Health Plan member or finding out you are pregnant after you join.

If you need additional copies of this form visit our website at: pshp.com or contact the Member Services department at 1-800-704-1484.

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