Santa Clara Family Health Plan

HEALTH INFORMATION FORM

You are receiving this form because you are in a new Medi-Cal health plan. Santa Clara Family Health Plan (SCFHP) will use this form to make sure you get needed care.

Please fill in the circles with black or blue pen for the answers that apply to you. Complete one form for each person in your family who is enrolling in a new Medi-Cal health plan.

If you have questions, please call SCFHP, toll free at 1-877-230-3888 Monday through Friday, between 8:30 a.m. and 5:00 p.m. TDD/TTY users should dial 1-800-735-2929 or 711.

Please return completed form in the enclosed postage paid envelope to:

Santa Clara Family Health Plan
PO Box 18880
San Jose, CA 95158

Filling out this form is voluntary. You will not be denied care based on your confidential answers.

Date of Birth: _____

Member ID: _____

Name of Person Completing Form:

_____

1. Do you need to see a doctor within the next 60 days? ..... ○ Yes ○ No
2. Do you take 3 or more prescription medicines each day? ..... ○ Yes ○ No
3. Do you see a doctor regularly for a mental health condition such as depression, bipolar disorder, or schizophrenia? ..... ○ Yes ○ No
4. Have you been to the emergency room two or more times in the last 12 months? ..... ○ Yes ○ No
5. Have you been admitted to the hospital in the last 12 months? ..... ○ Yes ○ No
6. Have you needed help with personal care, such as bathing, getting dressed, meal preparation or other daily activities in the last 6 months? ..... ○ Yes ○ No
7. Are you using medical equipment or supplies, such as a hospital bed, wheelchair, walker, oxygen, or ostomy bags? ..... ○ Yes ○ No
8. Do you have a condition that limits your activities or what you can do? ..... ○ Yes ○ No
9. Are you pregnant? ..... ○ Yes ○ No
   9a. If Yes, are you currently seeing a doctor for this pregnancy? ..... ○ Yes ○ No

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10. Do you see a doctor regularly for a chronic medical condition? ..... ❍ Yes ❍ No

If Yes, fill in all that apply:

- ❍ Asthma
- ❍ Cancer
- ❍ Cystic Fibrosis
- ❍ Diabetes
- ❍ Heart Problems
- ❍ Hepatitis
- ❍ High Blood Pressure
- ❍ HIV or AIDS
- ❍ Kidney Disease
- ❍ Seizures
- ❍ Sickle Cell Anemia
- ❍ Tuberculosis
- ❍ Other _____

If you think you need to see a doctor right away, call us at 1-800-260-2055. We also have a 24 hour Nurse Advice line you can reach at 1-877-509-0294.