PeakHealth

Medicare Health Risk Assessment Questionnaire

Enrollee Information					
Name:					
Gender:	☐ Female	☐ Male	☐Transexual	☐Other	☐Prefer not to answer
Preferred Language:	☐ English		☐ Spanish	☐Other	

Ethnicity:

☐ White or Caucasian
☐ Native American/Alaskan Native
☐ Unknown
☐ Black or African American
☐ Asian
☐ Hispanic/Latino
☐ Pacific Islander/Native Hawaiian
☐ Other
☐ I prefer not to answer

Preferred Method of Contact:	☐ Phone	☐ Email	☐ MyChart
Best Time to Contact You:	☐ Morning	☐ Midday	☐ Afternoon

How would you rate your overall health:	☐ Excellent	☐ Good	☐ Fair	☐ Poor

If you need help with activities of daily living, do you have someone close by or a caregiver who helps you:

☐ Family ☐ Friend ☐ Neighbor ☐ Caregiver ☐ No Help ☐ Other

Do you need help finding a PCP:	☐ Yes	☐ No
Do you need help finding a mental health specialist:	☐ Yes	☐ No

What is your housing situation today:

☐ I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

☐ I have housing today, but I am worried about losing housing in the future.

☐ I have housing

Think about the place you live. Do you have problems with any of the following? (check all that apply)

☐ Bug infestation
☐ Mold
☐ Lead paint or pipes
☐ Inadequate heat
☐ Oven or stove not working
☐ No or not working smoke detectors
☐ Water leaks
☐ None of the above

Within the past 12 months, were you worried that your food would run out before you got money to buy more?

☐ Often true ☐ Sometimes true ☐ Never true

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more?

☐ Often true ☐ Sometimes true ☐ Never true

In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work, or getting things needed for daily living? (check all that apply)

☐ Yes, it has kept me from medical appointments or getting medications.

☐ Yes, it has kept me from non-medical meetings, appointments, work, or getting things that I need.

☐ No

In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

☐ Yes ☐ No ☐ Already shut off

How often does anyone, including family, physically hurt you?

☐ Never ☐ Rarely ☐ Sometimes ☐ Fairly often ☐ Frequently

How often does anyone, including family, insult or talk down to you?

☐ Never ☐ Rarely ☐ Sometimes ☐ Fairly often ☐ Frequently

How often does anyone, including family, threaten you with harm?

☐ Never ☐ Rarely ☐ Sometimes ☐ Fairly often ☐ Frequently

How often does anyone, including family, scream or curse at you?

☐ Never ☐ Rarely ☐ Sometimes ☐ Fairly often ☐ Frequently

Do you have dependable internet? (Your internet works well, and stays connected)	☐ Yes	☐ No
Do you have a smartphone or a computer with a camera and a microphone?	☐ Yes	☐ No

Can you download a mobile application or "app" and change browser or camera settings on a computer or smartphone?

☐ Yes ☐ No

Would you like assistance or resources to learn more about scheduling telemedicine/virtual visits?	☐ Yes	☐ No

Have you ever been diagnosed by a provider with any of the following?

Shortness of Breath	☐ Yes	☐ No	Heart Disease	☐ Yes	☐ No
Heart Failure	☐ Yes	☐ No	COPD/Lung Disease	☐ Yes	☐ No
High Blood Pressure	☐ Yes	☐ No	Frequent Falls	☐ Yes	☐ No
Kidney Disease	☐ Yes	☐ No	Parkinson's	☐ Yes	☐ No
Multiple Sclerosis	☐ Yes	☐ No	Dementia/Alzheimer's	☐ Yes	☐ No
Epilepsy	☐ Yes	☐ No	Vision Loss	☐ Yes	☐ No
HIV/AIDS	☐ Yes	☐ No	Hearing Loss	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No	Transplant	☐ Yes	☐ No
Quadriplegic/Paraplegic	☐ Yes	☐ No	Depression	☐ Yes	☐ No
Amputee	☐ Yes	☐ No	Anxiety	☐ Yes	☐ No
Cancer	☐ Yes	☐ No	Non-healing wounds	☐ Yes	☐ No

Do you use nicotine products? (smoking, vaping, chew, etc.)			☐ Yes	☐ No
Do you receive the flu vaccine annually?			☐ Yes	☐ No
Do you have an advanced healthcare directive?			☐ Yes	☐ No
In an average week, how many alcoholic drinks do you consume?	☐ I do not drink	☐ 1-7 drinks	☐ 8-14 drinks	☐ More than 15
Do you take your medications as prescribed by your provider?	☐ I do not take medications	☐ Always	☐ Sometimes	☐ Never
In the last 6 months have you ever needed to cut your pills in half to make them last longer?	☐ Yes	☐ No		
How many medications are you currently prescribed?	☐ 0	☐ 1-4	☐ 5-9	☐ More than 10
In the last 6 months, how many times have you been to the emergency room?	☐ 0	☐ 1	☐ 2	☐ More than 3
In the last 6 months, how many times have you been admitted to the hospital?	☐ 0	☐ 1	☐ 2	☐ More than 3
Would you like a Peak care manager to reach out to you?			☐ Yes	☐ No

If you would like more information about our Care Management programs, please contact us at 1-855-962-7325 Monday through Friday from 8:00 am – 5:00 pm.

As a member of Peak Advantage, you also have 24/7 access to a registered nurse for medical advice at 1-844-484-0307.