



Phoenix Health Plan

An Affiliate of Abrazo Health Care

Member Name: _____

Date: _____ Telephone: _____

Member ID: _____ Date of Birth: _____

If you speak Spanish please contact member services at 602-824-3700 or 1-800-747-7997
TTY: 602-824-3909 or 1-800-489-1472

1. In general my health is:

Excellent	Very Good	Good
Fair	Poor	

2. The last time I saw my primary care doctor was?

1-6 months ago	6-12 months ago
More than 1 year ago	

3. In the last 12 months I have been a patient in the hospital:

Not at all	One time	2-3 times	4-6 times
More than 6 times			

4. In the last 12 months I have been a patient in the emergency room

Not at all	One time	2-3 times	4-6 times
More than 6 times			

5. In the last 12 months I have been bothered by?

Dizziness	Chest pain	Urinary problems
Joint pain	Falling	Very thirsty

6. My doctor has told me I have problems with:

Coronary Artery Disease (CAD) Chronic Obstructive Pulmonary Disease (COPD)
Congestive Heart Failure (CHF) Diabetes Asthma

7. Social Support:

There is someone available to me if I want or need help: Yes No
I live:

Alone Partner/Spouse Extended Family Other

8. In the last month have you been bothered by:

Feeling down, depressed, or hopeless

Having little interest or pleasure in doing things

9. Are you receiving any behavioral/mental health services at this time? Yes No
If you are not, are you interested in receiving these services? Yes No

If you would like behavioral health services, the following agencies are available for you to contact:

- RBHA/Magellan MS (Maricopa County) (800) 564-5465
- RBHA/Cenatico MS (Pinal/Gila) (866) 495-6738
- RBHA/NARBHA MS (Northern Arizona Regional Behavioral Health Authority) (Yavapai, Mohave, Coconino, Navajo, Apache) (800) 640-2123
- RBHA/CPSA MS (Community Partnership of Southern Arizona) (Pima) (800) 771-9889

12. Are you a smoker? No Yes and I might quit
Yes, but I am not ready to quit

13. Please list all medications you are now taking:

14. I am now pregnant? Yes No
Due Date _____