

Thank you for choosing Healthy Blue. We are committed to helping your child stay healthy. This health assessment will help us learn about your child's health and coordinate your child's care in a way that meets his or her personal needs.

Please take the time to answer the questions as best as you can. After you've finished the assessment, please mail or fax the completed health assessment to us at:

Healthy Blue  
Attn: HCM/HRA  
Mail Stop: AX-E13; Phase 3 Floor 4  
P.O. Box 6170  
Columbia, SC 29260-6170  
Fax: 855-580-2810

The information you share with us will not be shared with anyone who does not need to know about it. If you have questions about the assessment, please call us toll free at 1-866-781-5094 (TTY 1-866-773-9634).

### Member information

Child's first name: \_\_\_\_\_

Child's last name: \_\_\_\_\_

Child's Healthy Blue member ID number: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_ Phone number: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

### Health assessment

Read each question and check the answer that best describes your child. If the question asks you to fill in the blank, please write your answer in the space provided.

#### Health status

1. How would you describe your child's overall health?

\_\_\_\_ Excellent: rarely sick, able to participate fully in school and social activities

\_\_\_\_ Very good: occasional illness but able to participate in school and social activities most of the time

\_\_\_ Good: has managed health issues well, participates in school and social activities when conditions allow

\_\_\_ Fair: has frequent illnesses, misses some school and social activities due to health conditions. Has difficulty controlling health conditions at times.

\_\_\_ Poor: misses a lot of school and social activities because of health conditions, which are not well controlled

2. Does your child have a primary care physician (PCP) you work well with?

\_\_\_ Yes

\_\_\_ No

3. Is your child being treated by a specialist?

\_\_\_ Yes

\_\_\_ No

4. Over the past two weeks, how often has your child been bothered by having little interest or pleasure doing things?

\_\_\_ Not at all

\_\_\_ Several days

\_\_\_ More than half the days

\_\_\_ Nearly every day

5. Over the past two weeks, how often has your child been bothered by feeling down, depressed or hopeless?

\_\_\_ Not at all

\_\_\_ Several days

\_\_\_ More than half the days

\_\_\_ Nearly every day

### **Health conditions**

6. Is your child pregnant?

\_\_\_ Yes

\_\_\_ No

7. Does your child have any physical or behavioral health conditions he or she is being treated for?

Yes

No

If yes, please list the conditions: \_\_\_\_\_

\_\_\_\_\_

### Health needs

8. Does your child take medicines for any chronic conditions?

Yes

No

9. Does your child use four or more prescription medications?

Yes

No

10. Is your child able to take his or her medicines as prescribed by his or her doctor?

Yes

No

11. Do you have any concerns about your child's medicines?

Yes

No

12. Does your child have allergies to medicines or anything else?

Yes

No

If yes, please list all allergies: \_\_\_\_\_

\_\_\_\_\_

13. With the exceptions of canes, walkers, crutches, nebulizers or diabetic supplies, does your child use any medical equipment?

Yes

No

If yes, please list the medical equipment you are using: \_\_\_\_\_

\_\_\_\_\_

14. Does your child need help with daily living activities such as bathing, taking medication or eating?

Yes

No

### Health results

Tell us about the following tests and the results if you know them.

15. Glucose (blood sugar):

My child never had this test.

My child had the test, but I don't know the result.

My child's doctor said it was normal.

My child's doctor said it was low.

My child's doctor said it was high.

I know the exact result. My child's glucose result is \_\_\_\_\_.

16. What is your child's waist circumference (the distance measured around your child's waist)?

I'm not sure.

I know my child's exact waist circumference. My child's waist circumference is \_\_\_\_\_.

17. What is your child's weight? \_\_\_\_\_

18. What is your child's height? \_\_\_\_\_

19. What is your child's body mass index (BMI) if known? \_\_\_\_\_

**Health activities**

20. Has your child had a flu shot in the last 12 months?

Yes

No

I am not sure

21. Is your child up-to-date on his or her immunizations (shots)?

Yes

No

I am not sure

22. Has your child received the human papillomavirus (HPV) vaccine?

Yes

No

I am not sure

23. How often does your child see a dentist?

Every six months

Once a year

More than a year between visits

My child has not seen a dentist

24. Has your child had an eye exam in the last 12 months?

Yes

No

I am not sure

25. Has your child had a hearing exam in the last 12 months?

Yes

No

I am not sure

26. Has your child had a lead screening?

Yes

No

I am not sure

Again, thank you for choosing Healthy Blue. We look forward to working with you to help meet your child's personal needs. To help your child get the care you need, we'll also share your child's health assessment with your child's doctor(s). By sending us your child's completed health assessment, you agree to allow us to share this information with your child's doctor(s).

If you have questions, would like to change your child's PCP or speak to a case manager, call our Customer Care Center toll free at 1-866-781-5094 (TTY 1-866-773-9634). This number can also be found on your Healthy Blue member ID card and in your Evidence of Coverage. You can also visit our website at [www.HealthyBlueSC.com](http://www.HealthyBlueSC.com) for benefit information or to search for local providers.

For general Medicaid questions, contact Healthy Connections at 1-877-552-4642 or TTY 1-877-552-4670.

### **Notice of Non-Discrimination**

BlueChoice HealthPlan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueChoice HealthPlan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

### **Language Services**

Do you need help with your health care, talking with us, or reading what we send you? We provide our materials in other languages and formats at no cost to you. Call us toll free at 1-866-781-5094 (TTY 1-866-773-9634).

¿Necesita ayuda con su cuidado de la salud, para hablar con nosotros o leer lo que le enviamos?  
Proporcionamos nuestros materiales en otros idiomas y formatos sin costo alguno para usted.  
Llámenos a la línea gratuita al 1-866-781-5094 (TTY 1-866-773-9634).

هل تحتاج إلى مساعدة في رعايتك الصحية أو في التحدث معنا أو قراءة ما نقوم بإرساله إليك؟ نحن نقدم المواد الخاصة بنا بلغات وتنسيقات أخرى بدون تكلفة عليك. اتصل بنا على الرقم المجاني 1-866-781-5094 (TTY 1-866-773-9634).

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