

Pre-Enrollment Qualification Assessment Tool For Cardiovascular Disease & Diabetes (HMO C-SNP)

This form must be submitted with the enrollment application for Brand New Day Embrace Care Plan (HMO C-SNP) 39, Embrace Choice Plan (HMO C-SNP) 40, and Embrace Care Plan (HMO C-SNP) 47.

First Name:	MI:	Last Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:	

Clinical Qualifying Questions

If any of the following are checked, candidate pre-qualifies.

Have you ever been told by a doctor that you have any of the following illnesses?
(Check all that apply)

- Cardiovascular Disease such as:
- Cardiac arrhythmias
 - Coronary artery disease
 - Peripheral vascular disease
 - Chronic venous thromboembolic disorder
- Diabetes
- Chronic Heart Failure (CHF)

Medication Questions

1. Are you now or have you ever taken medication for an illness listed above? Yes No

2. Have you ever been on Insulin injections? Yes No

3. Have you ever taken Metformin? Yes No

4. What medications are you currently taking? _____

Primary Physician: _____
Name of Physician

His/her clinic or location and phone number

Specialist: _____
Name of Specialist

His/her clinic or location and phone number

Candidate Signature: _____ Date: _____