

3. Do you see a doctor regularly for a mental health condition such as depression, bipolar disorder, or schizophrenia?

Yes No

4. Do you see a doctor regularly for a chronic medical condition?

Fill in all that apply.

- | | |
|---|--|
| <input type="radio"/> Asthma | <input type="radio"/> HIV or AIDS |
| <input type="radio"/> Cancer | <input type="radio"/> Kidney Disease |
| <input type="radio"/> Cystic Fibrosis | <input type="radio"/> Seizures |
| <input type="radio"/> Diabetes | <input type="radio"/> Sickle Cell Anemia |
| <input type="radio"/> Heart Problems | <input type="radio"/> Tuberculosis |
| <input type="radio"/> Hepatitis | <input type="radio"/> None |
| <input type="radio"/> High Blood Pressure | <input type="radio"/> Other |

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5. Have you been to the emergency room two or more times in the last 12 months?

Yes No

6. Have you been admitted to the hospital in the last 12 months?

Yes No

7. Have you needed help with personal care, such as bathing, getting dressed, or changing bandages in the last 6 months?

Yes No

8. Are you using medical equipment or supplies, such as a hospital bed, wheelchair, walker, oxygen, or ostomy bags?

Yes No

9. Do you have a condition that limits your activities or what you can do?

Yes No

10. Are you pregnant?

Yes No

If so, are you currently seeing a doctor for this pregnancy?

Yes No

The answers you provide will be sent to your health plan when you are eligible for Medi-Cal and Managed Care. If you think you need to be seen by a doctor anytime before the plan contacts you, you should seek care at that time.