



Healthy Checkup Interview Form

Welcome to True Health New Mexico. We would like to work with you to find out your specific health needs and guide you to as many True Health New Mexico health services and providers you may need. We need your help in setting the plan for your health.

To get started, we need to know a few things about you. We will use the answers to the questions below to begin directing resources to you, if needed. Please take this brief survey and send it back to us at:

Healthy Checkup

True Health New Mexico

P.O. Box 36719 Albuquerque, NM 87176

Or fax to: 866-628-3047, attention: Medical Management

Name:		Gender:	
Subscriber ID# (located on your ID card):		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Preferred method of communication:			
<input type="checkbox"/> Phone:		<input type="checkbox"/> Email:	
How do you rate your general health? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor			
Are you currently pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, expected due date:	
Do you have a primary care provider (PCP)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of PCP:	
Do you have one or more of these conditions? Please check all that apply.			
<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Disease <input type="checkbox"/> Lung Disease <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Current Cancer Treatment <input type="checkbox"/> Depression/Anxiety <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Bone, Joint, or Muscle Problems			
How many different prescription medications do you take? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7			
Have you stayed overnight in a hospital in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide the reason(s) for the inpatient stay(s):			
Have you needed to go to an emergency room in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide the reason(s) for the visit(s):			
Do you have any health problems that keep you from doing things most people your age can do? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide details:			
Is there anything else we should know about you that will help us support your health?			

You've taken a very important first step in your health! Thank you for taking the time to provide us with this information. We are a different kind of health insurance company, and we will be keeping in touch with you about programs and resources that might be beneficial to you and your health.

Let's stay healthy and connected!