

## PRE-ENROLLMENT QUALIFICATION ASSESSMENT TOOL FOR CARDIOVASCULAR DISEASE & DIABETES (HMO CSNP)

This form must be submitted with the enrollment application for Brand New Day Embrace Care Plan (HMO CSNP) 39 & Brand New Day Embrace Choice Plan (HMO CSNP) 40.

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  
 Diabetes  
 Heart Failure (of any kind)  
 Hypertension/High Blood Pressure (Stage A CHF)  
 Hypertensive Heart with Chronic Kidney Disease  
 History of Stroke

### 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:
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