

Clear CareSM Sound prequalification assessment

If you are new to Group Health and would like to join the Clear Care Sound plan, please complete this form. To enroll in the Clear Care Sound plan, you must live in King or Pierce counties and have one of the following conditions: Coronary Artery Disease, Congestive Heart Failure, and/or Diabetes Mellitus. Please fill out the appropriate section(s) for your condition(s) below. If you answer "Yes" to at least one of the questions, you will prequalify for this plan. **Note:** Coronary and cardiac refer to the heart.

CORONARY ARTERY DISEASE

Have you ever been told by a doctor or clinic that you have Coronary Artery Disease? Yes No Not Sure

Have you ever experienced chest pain (angina) and been told by your doctor it was heart-related? Yes No Not Sure

Have you ever had a heart attack? Yes No Not Sure

Have you ever had cardiac angioplasty (to remove blockage in your coronary arteries) and/or a stent (a very small tube placed in your coronary arteries to keep them open)? Yes No Not Sure

Have you ever had open heart or cardiac bypass surgery? Yes No Not Sure

Have you ever been admitted to a hospital for chest pains (angina)? Yes No Not Sure

Have you ever taken a Nitroglycerin pill and/or patch (for chest pressure/discomfort or pain)? Yes No Not Sure

CONGESTIVE HEART FAILURE

Have you ever been told you have heart failure? Yes No Not Sure

Have you experienced fluid in your lungs, swelling in your legs, and shortness of breath that your doctor told you were related to a heart problem? Yes No Not Sure

During the past 12 months, have you been counseled or educated about weighing yourself daily due to a heart problem? Yes No Not Sure

Medicines you are now taking, or have taken in the past, for heart trouble:

Water pill or diuretics (such as furosemide or Lasix for fluid build-up in the lungs or heart failure.)

Others. Please list: _____

If you have high blood pressure (hypertension), please list the medicines you are taking or have taken in the past: _____

(continued on other side)

DIABETES MELLITUS

Has your doctor told you that you have diabetes?

Yes No Not Sure

Have you been prescribed and/or are you taking insulin or an oral medication that is supposed to lower the sugar in your blood?

Yes No Not Sure

Medicine(s) for diabetes (high blood sugar):

Diet and exercise only to control diabetes

Insulin shots (such as Novolin N, Humalog, others). Please list: _____

Pills for diabetes (for example: metformin, glyburide, glipizide, and others). Please list: _____

Name

Date