health share
Health Share of Oregon

OHSUHealthServices

Health Assessment

This form asks you questions about your health. Your answers will be kept private. Only people in OHSU Health Services who can help you stay healthy will see this information. Answers to these questions will not change your benefits or insurance. Thank you for helping us get to know you better.

First name: _____

Last name: _____

Birth date: _____

Member ID number: _____

Phone number: _____

Gender: _____

Pronouns: _____

Preferred language: _____

Do you need an interpreter for your health care visits?

☐ Yes ☐ No

Do you need help finding a provider?

☐ Primary care doctor

☐ Specialist doctor

☐ Dentist

☐ Mental health or substance use treatment provider

☐ I do not need help finding a provider

OHSU Health Services

3181 SW Sam Jackson Park Road

Portland, OR 97201

Office hours:
Monday to Friday
7:30 a.m. – 5:30 p.m.

If you have questions or need help to fill out this form:

ohsuhscareteam@ohsu.edu

844-827-6572
711 (TTY)

Transportation to health care appointments

How do you get to your doctor appointments?

☐ I drive my own car
☐ Local transport service
☐ Friend or family member takes me
☐ I take the bus
☐ I don't have transportation
☐ Other (please list) _____

We can help you with a ride to and from medical appointments. Call us toll-free at 503-416-3955. Language interpreter services are available at no cost to you.

Dental health

Tell us about your teeth. Do you have any of the following?

☐ Mouth pain ☐ Difficulty chewing food
☐ Cavities ☐ None of these

Are you afraid of going to the dentist? ☐ Yes ☐ No

Do you have any urgent dental needs related to the conditions above? ☐ Yes ☐ No

If yes, do you want a care coordinator to reach out to you to help? ☐ Yes ☐ No

Physical health

Has a doctor or other health professional ever told you that you have any of the physical health conditions below?

☐ Arthritis ☐ Diabetes ☐ Asthma ☐ Heart disease
☐ Cancer ☐ High blood pressure ☐ COPD
☐ Dementia ☐ Stroke ☐ Kidney disease

Other conditions (please list): _____

Do you have any urgent medical needs related to the conditions above? ☐ Yes ☐ No

If yes, do you want a care coordinator to reach out to you to help?
☐ Yes ☐ No

Are you pregnant?

☐ Yes ☐ No ☐ Does not apply to me

If yes, is this a high-risk pregnancy? ☐ Yes ☐No

Compared to last year, how do you rate your physical health?

☐ I feel healthier than I did last year.
☐ I feel a little healthier than last year.
☐ My health feels pretty much the same as last year.
☐ I don't feel as healthy as I did last year.
☐ I feel much less healthy than last year.

Behavioral health

Has a doctor or other health professional ever told you that you have any of the behavioral health conditions below?

☐ Anxiety ☐ Eating disorder ☐ Gender dysphoria
☐ PTSD ☐ Schizophrenia ☐ Major depressive disorder
☐ Bipolar ☐ Obsessive compulsive disorder

Do you have any urgent needs related to the conditions above? ☐ Yes ☐ No

If yes, do you want a care coordinator to reach out to you to help?
☐ Yes ☐ No

Are you experiencing a behavioral health crisis, such as suicidal thoughts?

☐ Yes – **Please call 988 for fast help** ☐ No

Compared to last year, how do you rate your mental health?

☐ I feel healthier than I did last year.
☐ I feel a little healthier than last year.
☐ My health feels pretty much the same as last year.
☐ I don't feel as healthy as I did last year.
☐ I feel much less healthy than last year.

Do you have any concerns related to substance use, including alcohol? ☐ Yes ☐ No

If yes, do you want a care coordinator to reach out to you to help? ☐ Yes ☐ No

In the last 30 days, have you smoked or used tobacco? ☐ Yes ☐ No

If yes, do you want a care coordinator to reach out to you to help you quit smoking? ☐ Yes ☐ No

Social health needs

What is your living situation?

☐ I have a steady place to live
☐ I have a place today, but I am worried about losing it
☐ I do not have a steady place to live (I am houseless, temporarily staying with others, or in a motel)

Are you afraid you will not have enough money for any of these items?

(Check all that apply)
☐ Food ☐ Clothing ☐ Housing ☐ Water ☐ Electricity
☐ Transportation ☐ I can purchase everything I need
☐ Other (please list) _____

Do any of the following apply? (Check all that apply)

☐ Concerns for your safety (physical or emotional abuse)
☐ Been involved with foster care
☐ Recent release from jail (within the last 12 months)

Functional needs

Do you need help every day with any of the following? (Check all that apply)
☐ Bathing ☐ Dressing ☐ Eating or preparing food
☐ Walking ☐ Toileting ☐ Organizing and taking medications

If you checked any of these, do you have people at home who can help you out, like family or friends? ☐ Yes ☐ No

Do you currently have Long Term Service and Supports (LTSS) from Aging and People with Disabilities? ☐ Yes ☐ No

Do you have any intellectual or developmental disabilities? ☐Yes ☐No

If yes, are you working with a Community Developmental Disabilities Program (CDDP)? ☐ Yes ☐ No

Thank you for filling in this form!
Please mail us your answers in the pre-paid return envelope.

Language access statement

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English. You can get this document in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 844-827-6572 or TTY 711. We accept relay calls. You can get help from a certified and qualified health care interpreter.

Español (Spanish). Puede obtener este documento en otros idiomas, en letra grande, en braille o en el formato que usted prefiera. También puede solicitar los servicios de un intérprete. Esta ayuda es gratuita. Llame al 844-827-6572 o TTY 711. Aceptamos todas las llamadas de retransmisión. Usted puede obtener ayuda de un intérprete certificado y calificado en atención de salud.

Русский (Russian). Вы можете получить этот документ на другом языке, напечатанный крупным шрифтом, шрифтом Брайля или в предпочитаемом вами формате. Вы также можете запросить услуги устного переводчика. Эта помощь предоставляется бесплатно. Звоните по тел. 844-827-6572 или TTY 711. Мы принимаем звонки по линии трансляционной связи. Вы можете получить помощь от аккредитованного или квалифицированного медицинского устного переводчика.

Tiếng Việt (Vietnamese). Quý vị có thể nhận tài liệu này bằng các ngôn ngữ khác, bản in cỡ chữ lớn, chữ nổi Braille hoặc theo định dạng mong muốn của quý vị. Quý vị cũng có thể yêu cầu được thông dịch viên hỗ trợ. Dịch vụ hỗ trợ này không mất phí. Gọi 844-827-6572 hoặc TTY 711. Chúng tôi chấp nhận các cuộc gọi chuyển tiếp. Quý vị có thể nhận trợ giúp từ một thông dịch viên chăm sóc sức khỏe có chứng nhận và đủ trình độ.

REV3-3307 (06/25)

العربية (Arabic). يمكنكم الحصول على هذه الوثيقة بلغات أخرى، أو بطباعة بأحرف كبيرة، أو بطريقة برايل أو حسب النسق الذي تفضله. كما يمكنكم طلب مترجم فوري. إن هذه المساعدة مجانية. يمكنك الاتصال على 844-827-6572 أو TTY 711. نحن نقبل مكالمات التحويل. يمكنكم الحصول على المساعدة من مترجم رعاية صحية فوري معتمد ومؤهل.

Soomaali (Somali). Bayaankan waxaad ku heli kartaa luuqadaha kale, far waa went, Farta Dadka Arraga La'a ama qaabka kale ee aad rabto. Waxaad sidoo kale codsan kartaa turjubaan. Caawimadani waa mid bilaash ah. Wac 844-827-6572 ama TTY 711. Waxaan aqbalnaa wicitaannada gudbinta. Waxaad caawin ka heli kartaa turjumaan aqoon u leh daryeelka caafimaadka.

简体中文 **(Simplified Chinese).** 您可获取本文件的其他语言版、大字版、盲文版或您偏好的格式版本。您还可要求提供口译员服务。本帮助免费。致电 844-827-6572 或 TTY 711。我们会接听所有的转接来电。您可以从经过认证且合格的医疗口译员那里获得帮助。

繁體中文 **(Traditional Chinese).** 您可獲得本信息函的其他語言版本、大字版、盲文版或您偏好的格式版本。您也可申請口譯員。以上協助均為免費。請致電 844-827-6572 或 TTY 711。我們接受所有聽障人士轉接來電。您可透過經認證的合格醫療保健口譯員取得協助。

한국어 **(Korean).** 본 문서는 다른 언어, 큰 활자, 점자 또는 선호하는 형식으로 받아보실 수 있습니다. 통역사를 요청하실 수 있으며, 무료로 지원해 드립니다. 844-827-6572 또는 TTY 711번으로 전화주십시오. 통신 중계 서비스도 지원합니다. 자격을 갖춘 공인 의료 전문 통역사의 도움을 받으실 수 있습니다.

Chuukic (Chuukese). En mi tongeni angei ei taropwe non pwan eu fosun fenu, mese watte mak, Braille ika pwan eu format ke mwochen. En mi tongeni pwan tingor emon chon chiaku. Ei aninis ese fokkun pwan kamo. Kokori 844-827-6572 ika TTY 711. Kich mi etiwa ekkewe keken relay. En mi tongeni kopwe angei aninis seni emon mi certified ika qualified ren chon chiaku ren health care.

Українська (Ukrainian). Ви можете отримати цей документ іншими мовами, крупним шрифтом, шрифтом Брайля або у форматі, якому ви надаєте перевагу. Ви також можете попросити надати послуги перекладача. Ця допомога є безкоштовною. Дзвоніть по номеру телефону 844-827-6572 або телетайпу 711. Ми приймаємо всі дзвінки, які на нас переводять. Ви можете отримати допомогу від сертифікованого та кваліфікованого медичного перекладача.

فارسی (Farsi). میتوانید این نامه را به زبانهای دیگر، درشتخط، بریل یا قالب ترجیحی دیگری دریافت کنید. میتوانید مترجم شفاهی نیز درخواست کنید. این کمک رایگان است. با 844-827-6572 یا 711 TTY تماس بگیرید. تماسهای رله را میپذیریم. میتوانید از یک مترجم شفاهی دارای گواهی و باکفایت در زمینه بهداشت و

Română (Romanian). Puteți obține această scrisoare în alte limbi, cu scris cu litere majuscule, în Braille sau într-un format preferat. De asemenea, puteți solicita un interpret. Aceste servicii de asistență sunt gratuite. Sunați la 844-827-6572 sau TTY 711. Acceptăm apeluri adaptate persoanelor surdomute. Puteți obține ajutor din partea unui interpret de îngrijire medicală certificat și calificat.

دری (Dari). شما میتوانید این راهنما را به زبان های دیگر، به چاپ بزرگ، خط بریل یا به فارمت دلخواه تان بارگیری کنید. شما همچنان میتوانید یک مترجم درخواست کنید. این کمک رایگان است. با 844-827-6572 یا 711 TTY تماس بگیرید. ما تماس های ارتباطی انجام میدهیم. شما میتوانید از یک مترجم صحی تصدیق شده یا واجد شرایط کمک بگیرید.

ភាសាខ្មែរ (Khmer (Cambodian)). អ្នកអាចទទួលបានឯកសារនេះជាភាសាផ្សេងទៀត ជាអក្សរបោះពុម្ពធំៗ អក្សរស្ទាប ឬជាទម្រង់ផ្សេងទៀតដែលអ្នកចង់បាន។ អ្នកក៏អាចស្នើសុំអ្នកបកប្រែបានផងដែរ។ ជំនួយនេះគឺផ្តល់ជូនដោយឥតគិតថ្លៃ។ សូមហៅទូរសព្ទទៅលេខ 844-827-6572 ឬ 711 TTY។ យើងទទួលការហៅបញ្ជូនបន្តទាំងអស់។ អ្នកអាចទទួលបានជំនួយពីអ្នកបកប្រែផ្នែកថែទាំសុខភាពដែលមានការបញ្ជាក់ទទួលស្គាល់ឬមានលក្ខណៈសម្បត្តិគ្រប់គ្រាន់។

አማርኛ (Amharic). ይህንን ደብዳቤ በሌሎች ቋንቋዎች፣ በትልቅ ህትመት፣ በብሬይል ወይም እርሶ በሚመርጡት መልኩ እርስዎ ይችላሉ። በተጨማሪም አስተርጓሚ መጠየቅም ይችላሉ። ይህ ድጋፍ የሚሰጠው በነጻ ነው። ወደ 844-827-6572 ወይም TTY 711 ይደውሉ። የሪሌይ ጥሪዎችን እንቀበላለን። ፍቃድ ካለው እና ብቃት ካለው የጤና እንክብካቤ አስተርጓሚ ድጋፍ ማግኘት ይችላሉ።