

Transitions of Care Assessment



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Welcome to US Family Health Plan!

We are so pleased to have you as a new member and will do our best to make your transition to care under US Family Health Plan as seamless as possible. In order to assist us with this process we have a few brief questions to become more familiar with the services you and your family might need. We would appreciate your help in answering the following questions and mailing this back to us in the prepaid envelope.

Please complete one form for each member enrolled. Should you have further questions, please contact our Members Services Dept. at 1 (800) 585-5883.

– Thank you

Name _____

Member Number _____ Date of Birth _____

Clinic _____ Provider _____

1. Do you currently use any medical equipment? (For example: CPAP machine, oxygen, wheelchair, hospital bed). Yes _____ No _____

If yes, what company are you using? _____

What equipment are you getting? _____

2. Do you have any procedures or surgery scheduled? Yes _____ No _____

a. If yes, what is the procedure or surgery? _____

b. What is the date of your procedure/surgery? _____

c. Where are you having your procedure/surgery done? _____

3. Are you currently receiving care for a medical condition? Yes _____ No _____

a. If yes, what is your medical condition? (For example: asthma, diabetes, heart disease, lung disease, kidney disease) _____

b. List all the specialists you are currently seeing and their phone numbers.

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CONTINUED ON OTHER SIDE ►

MS: _____ Family ID: _____ CM: _____

4. Have you been in a hospital, emergency room, or skilled nursing facility in the past 60 days?

Yes _____ No _____

If yes, When: _____

Where: _____

Reason: _____

5. Are you currently receiving case management services? Yes _____ No _____

6. Do you have specific concerns about your health care that you would like addressed?

US Family Health Plan at Pacific Medical Centers complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

中文 (Chinese)

Pacific Medical Centers 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-4PACMED (TTY: 711)。

Tiếng Việt (Vietnamese)

Pacific Medical Centers tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-4PACMED (TTY: 711).

Español (Spanish)

Pacific Medical Centers cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-4PACMED (TTY: 711).