



## AETNA BETTER HEALTH® OF LOUISIANA

### Personal health survey

Welcome to Aetna Better Health of Louisiana! It is important to us to be sure that your health care continues as you become a member of our plan.

Please fill out this form so that we can work with you to continue the care you have been getting and can help you get the medical care you need. Please return it in the envelope provided. If you have any questions, or would rather give these answers over the phone, call us toll-free at **1-855-242-0802, TTY 7-1-1**, 24 hours a day, 7 days a week.

Member name \_\_\_\_\_ Member ID # \_\_\_\_\_  
Your name (if you are not the member) \_\_\_\_\_ Member date of birth \_\_\_\_\_  
Relationship to the member \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_  
Member address \_\_\_\_\_

#### Health care now

1. Do you have a doctor that you are seeing now?  Yes  No

If yes, please list your doctor's name \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

2. Do you need a new doctor?  Yes  No

3. Have you chosen a new doctor?  Yes  No  Not Applicable

If yes, please list your doctor's name \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

4. Have you scheduled an appointment with your new doctor?  Yes  No

5. What doctors do you see now?

Doctor's name \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

See this doctor for \_\_\_\_\_

Doctor's name \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

See this doctor for \_\_\_\_\_

6. Are you pregnant or have you had a baby in the last 30 days?  Yes  No

If yes, when are you due? When did you deliver? Date \_\_\_\_\_

Do/did you have a doctor for this pregnancy?  Yes  No

Doctor's name \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

7. Are you currently getting home health services?  Yes  No

8. Are you currently using medical equipment (like a wheelchair, oxygen or breathing machine)?  Yes  No

9. Are you scheduled for or are you receiving any of the following?

- |  |  |
|--|--|
| <input type="checkbox"/> Elective surgery          | <input type="checkbox"/> Physical, speech or occupational therapy (underline which ones) |
| <input type="checkbox"/> Rehabilitation therapy    | <input type="checkbox"/> Cancer treatment  |
| <input type="checkbox"/> Substance abuse treatment | <input type="checkbox"/> Behavioral health treatment                                     |

Kidney dialysis  Other \_\_\_\_\_

**Medicines**

- 1. Are you currently taking prescription medicines?  Yes  No
- 2. Do you think you may have a problem getting any prescriptions filled over the next 90 days?  Yes  No
- 3. What is your preferred pharmacy and location?  
\_\_\_\_\_

**Health history**

1. Have you been told you have any of the following? Please check all that apply.

- Asthma  Hepatitis C
- Behavioral or mental health disorder  HIV / AIDS
- Chronic obstructive pulmonary disease (COPD)  Obesity
- Coronary artery disease (CAD or heart disease)  Sickle cell disease
- Diabetes (sugar)  Substance abuse problems
- Heart failure (HF)
- Cancer Type \_\_\_\_\_ Date \_\_\_\_\_
- Organ transplant Type \_\_\_\_\_ Date \_\_\_\_\_
- Other \_\_\_\_\_

- 2. Are you having problems getting any health services?  Yes  No
- 3. Do you want us to call you about any of your concerns?  Yes  No  
If yes, what is the best way to reach you? \_\_\_\_\_  
If yes, what is the best day and time to reach you? \_\_\_\_\_
- 4. What language is best for you?  English  Spanish  Other Language \_\_\_\_\_  
 Do you have other communication needs? (like-TTY/TDD) \_\_\_\_\_

**Please complete and return in the pre-addressed envelope provided or mail to:**

Aetna Better Health of Louisiana  
2400 Veterans Memorial Blvd., Suite 200  
Kenner, LA 70062

**Questions?**

Call toll-free **1-855-242-0802, TTY 711**, 24 hours a day, 7 days a week or visit  
**[www.aetnabetterhealth.com/louisiana](http://www.aetnabetterhealth.com/louisiana)**