AmeriHealth Caritas Louisiana

www.amerihealthcaritasla.com

Behavioral Health Medical Screening Form

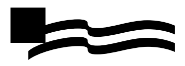
People who are prescribed atypical antipsychotics are at increased risk of developing metabolic syndrome. Many individuals with schizophrenia, bipolar disorder and psychotic disorder are prescribed atypical antipsychotics to treat the serious symptoms of these disorders. Depression is also linked to higher risk of diabetes and cardiovascular disease. It's critical that these individuals have their weight, blood sugar, blood pressure and cholesterol routinely monitored by their doctor, along with education on healthy lifestyle choices.

Integrated health care management services are available with AmeriHealth Caritas Louisiana. You may contact a care manager at **1-888-643-0005**.

Provider Instructions:
Fax the completed form to Rapid Response at **1-855-345-2048** to follow up on any services and/or appointments to assist the member.

Behavioral health provider name:	Completing staff member name:	Date completed:
Member name:	Medicaid ID number:	Date of birth:
Primary care provider (PCP) name:		

1. Living situation	
Where do you currently live?	
❑ House/apartment ❑ Assisted living	❑ Shelter ❑ Homeless
Where do you currently live?	
❑ Alone ❑ Roommate ❑ Partner/spouse	❑ Adult family ❑ Minor children ❑ Supervised



2. Hospital/office visit history				
In the past 12 months how many times have you:	Never	1 – 2	3 – 5	6 or more
Visited a doctor's office	❑	❑	❑	❑
Gone to the emergency room	❑	❑	❑	❑
Stayed overnight in a hospital	❑	❑	❑	❑

3. Cholesterol checked

Date of last test:
If unknown, recommedation is to follow up with PCP.

4. Glucose levels checked

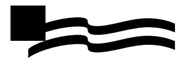
Date of last test:
If unknown, recommedation is to follow up with PCP.

5. Vitals

Date taken:

Temp:	Pulse:	BP:	Height:	Weight:	BMI:	Waist:

6. Social activity				
How often do you do the following?	Never	Rarely	Sometimes	Frequently
Receive invitations to go out and do things	❑	❑	❑	❑
Talk to someone about personal/ family problems	❑	❑	❑	❑



7. Physical activity

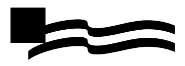
How often do you do the following?	Never	Rarely	Sometimes	Frequently
Go to the gym	❑	❑	❑	❑
Walk or run	❑	❑	❑	❑
Other	❑	❑	❑	❑

8. Preventive test history

When was the last time you had:	Never	Less than 1 year	1 – 2 years	3 – 4 years	5+ years	Don't know
Colon cancer screen	❑	❑	❑	❑	❑	❑
Flu vaccine	❑	❑	❑	❑	❑	❑
Pneumonia vaccine	❑	❑	❑	❑	❑	❑
Tetanus vaccine	❑	❑	❑	❑	❑	❑
Dental exam	❑	❑	❑	❑	❑	❑
Pap test	❑	❑	❑	❑	❑	❑
Mammogram	❑	❑	❑	❑	❑	❑

9. Chronic condition history

Do you have any of the following conditions:	Never	In the past	Currently diagnosed	Currently taking medication	Under medical care
Allergies	❑	❑	❑	❑	❑
Asthma	❑	❑	❑	❑	❑
Bronchitis/COPD	❑	❑	❑	❑	❑
Chronic pain	❑	❑	❑	❑	❑
Diabetes	❑	❑	❑	❑	❑
Heart problems	❑	❑	❑	❑	❑



9. Chronic condition history					
High blood pressure	❑	❑	❑	❑	❑
Stroke	❑	❑	❑	❑	❑
HIV	❑	❑	❑	❑	❑
Hepatitis	❑	❑	❑	❑	❑
Considering your age, how would you rate your overall health?	Poor	Not good	Average	Good	Excellent
	❑	❑	❑	❑	❑

10. Wellness education
Please check the topics you would like additional information on

Topic	Yes	No	Uncertain
Nutrition	❑	❑	❑
Healthy cooking	❑	❑	❑
Physical activity/exercise	❑	❑	❑
Smoking cessation	❑	❑	❑
Stress management	❑	❑	❑
Recovery activities	❑	❑	❑
Peer support	❑	❑	❑
Medical management	❑	❑	❑
GED	❑	❑	❑
Vocation/prevocation	❑	❑	❑
Other, specify:			

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