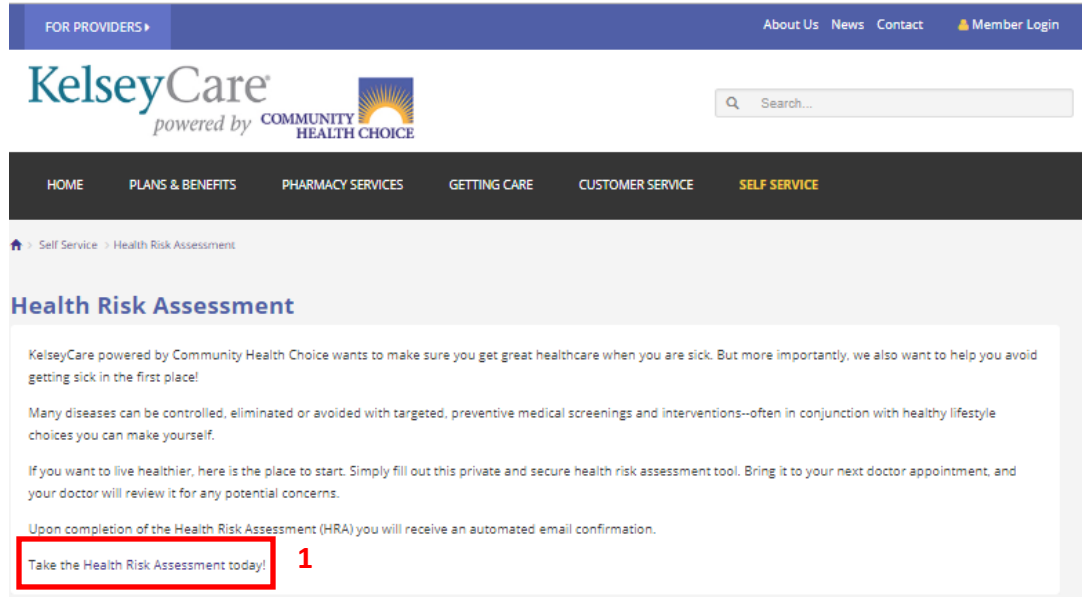


Access the KelseyCare online assessment at : [KelseyCare Health Risk Assessment](#).

1. Click on Take the Health Risk Assessment today!



FOR PROVIDERS > About Us News Contact Member Login

KelseyCare powered by COMMUNITY HEALTH CHOICE

HOME PLANS & BENEFITS PHARMACY SERVICES GETTING CARE CUSTOMER SERVICE SELF SERVICE

Self Service > Health Risk Assessment

Health Risk Assessment

KelseyCare powered by Community Health Choice wants to make sure you get great healthcare when you are sick. But more importantly, we also want to help you avoid getting sick in the first place!

Many diseases can be controlled, eliminated or avoided with targeted, preventive medical screenings and interventions--often in conjunction with healthy lifestyle choices you can make yourself.

If you want to live healthier, here is the place to start. Simply fill out this private and secure health risk assessment tool. Bring it to your next doctor appointment, and your doctor will review it for any potential concerns.

Upon completion of the Health Risk Assessment (HRA) you will receive an automated email confirmation.

Take the Health Risk Assessment today! 1

2. The health assessment will load on the next screen.

Complete as much information as possible.

Please note: You need to know your member ID. This is located on your Community Health Choice Insurance Card.

WELCOME TO COMMUNITY!

We are happy to have you as our Member. Community is dedicated to providing you great health care. We also want to help you take charge of your own health! Please take our Health Risk Assessment. We will keep your answers private and only use them to improve the care that we give you. Fill out the survey and submit. We will review it and contact you if we see any potential issues. In addition, share your results with your doctor.

Thank you for helping Community serve you better!

Member ID:

***First Name:**

***Last Name:**

***Phone Number:**

***Date of Birth:** [month ▼] / [day ▼] / [year ▼]

***Gender:** Male Female

***Email Address:**

***Weight (in pounds):**

***Height:** Feet: Inches:

My Health

***When was your last checkup?**
Month: [select ▼] Year: [select ▼] Don't remember/Never had

***Last Colonoscopy? (if over 50+ years)?**
Month: [select ▼] Year: [select ▼] Don't remember/Never had

***When was your last tetanus shot?**
Month: [select ▼] Year: [select ▼] Don't remember/Never had

***Has a health care provider ever said you have had any of the following?
(Please check any that apply)**
 Cancer Diabetes Heart attack Heart disease
 High blood pressure High cholesterol Stroke
 Asthma COPD

***Which describes your blood pressure? (Please check one.)**
 High
 Normal
 Low
 Don't know

Blood Pressure Reading: /

Nutrition
Would you like information about healthy diets?
 Yes
 No

Fitness
*How often do you exercise?
 Every day 3-5 times per week Once a week
 1-2 times per week Never/almost never

*For how long?
 10-15 min 15-30 min 30-60 min
 More than 60 min I don't exercise

Wellbeing
*Considering your age, how would you describe your overall health?
 Excellent Good Fair Poor

*In general, how satisfied are you with your life?
 Satisfied Not satisfied

*Have you felt depressed during the past month?
 Yes No

3. Upon completion click Submit.

3

Submit

Reset

4. After successfully submitting the form you will see the confirmation screen and message.

A confirmation email will also be sent to email address on file with Community Health Choice.

Thank you!
For more healthy living information and Web sites, go to [Member Resources > Staying Healthy > Health Links](#).
If you have any questions, please call Community at 832-242.2273 or toll-free at 1.888.760.2600.

OK

Thanks. The form has been successfully submitted.