17772

2014-2015

WHS #10 FORM

Request

INSTRUCTIONS: Use a ball-point pen and DARKLY shade bubbles like this → ● NOT like this →

1. Have you had any of the following diagnoses or procedures SINCE YOU LAST RETURNED A QUESTIONNAIRE (approximately 1 year ago)? Please mark either YES or NO for each item. If YES, provide the MONTH/YEAR of the diagnosis or procedure.

However, if you HAVE NOT HAD ANY OF THE DIAGNOSES OR PROCEDURES ON THE LIST SINCE YOU LAST COMPLETED A QUESTIONNAIRE (approximately 1 year ago), then simply mark this box → ☐ and then go to the next page.

a. Myocardial infarction	○ No	○ Yes	→ IF YES, When (month/year):	/
b. Coronary angioplasty (PTCA or PCI) or stent	○ No	○ Yes	→ IF YES, When (month/year):	/
c. Coronary bypass surgery (CABG)	○ No	○ Yes	→ IF YES, When (month/year):	/
d. Congestive heart failure	○ No	○ Yes	→ IF YES, When (month/year):	/
e. Atrial fibrillation	○ No	○ Yes	→ IF YES, When (month/year):	/
f. Intermittent claudication	○ No	○ Yes	→ IF YES, When (month/year):	/
g. Peripheral artery disease (not varicose veins)	○ No	○ Yes	→ IF YES, When (month/year):	/
h. Pulmonary embolism (PE)	○ No	○ Yes	→ IF YES, When (month/year):	/
i. Deep vein thrombosis (DVT)	○ No	○ Yes	→ IF YES, When (month/year):	/
j. Stroke	○ No	○ Yes	→ IF YES, When (month/year):	/
k. TIA (transient ischemic attack)	○ No	○ Yes	→ IF YES, When (month/year):	/
l. Carotid artery surgery (endarterectomy)	○ No	○ Yes	→ IF YES, When (month/year):	/
m. Melanoma	○ No	○ Yes	→ IF YES, When (month/year):	/
n. Non-melanoma skin cancer What type? ○ basal cell ○ squamous cell ○ unknown type	○ No	○ Yes	→ IF YES, When (month/year):	/
o. Breast cancer	○ No	○ Yes	→ IF YES, When (month/year):	/
p. Lung cancer	○ No	○ Yes	→ IF YES, When (month/year):	/
q. Colon cancer	○ No	○ Yes	→ IF YES, When (month/year):	/
r. Other cancer (non-skin) SITE:_____	○ No	○ Yes	→ IF YES, When (month/year):	/
s. Diabetes mellitus	○ No	○ Yes	→ IF YES, When (month/year):	/
t. Migraine headaches (NEWLY diagnosed)	○ No	○ Yes	→ IF YES, When (month/year):	/
u. Other headaches (NEWLY diagnosed)	○ No	○ Yes	→ IF YES, When (month/year):	/
v. Parkinson's disease	○ No	○ Yes	→ IF YES, When (month/year):	/

(OVER)

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__ __ - __ __ __ __ __ __ - __

2. Below is the birth date that we have on file for you. IF IT IS NOT CORRECT, please write your correct birth date (month/day/year) in the space provided to the right. If the birth date below is correct, please skip to question #3.

__ __ / __ __ / __ __
month day year

Provide CORRECTED date of birth information below:

__ __ / __ __ / __ __
month day year

3. Below are the phone numbers that we have on file for you. IF THESE PHONE NUMBERS ARE NOT CORRECT OR HAVE CHANGED, please write the updated information in the space provided to the right. If the numbers below are correct, please skip to item #4.

Provide UPDATED telephone nos. below:

HOME PHONE: (___) - ___ - ____

HOME PHONE: _____

CELL PHONE: (___) - ___ - ____

CELL PHONE: _____

WORK PHONE: (___) - ___ - ____

WORK PHONE: _____

What is your preferred phone contact? ○ Home ○ Cell ○ Work ○ No difference

4. The e-mail address we have on file for you is:

If this is NOT CORRECT, please provide your updated e-mail address on the line below (PLEASE PRINT):

_____

5. Please provide the name, address and phone of <u>someone at a different address than you</u> whom we may contact if we are unable to reach you:

NAME: _____

STREET: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NO: _____

IS THIS CONTACT: ○ Relative ○ Friend ○ Neighbor ○ Other

Thank you. Please return the questionnaire in the pre-paid envelope provided.