Yamhill Community Care
PO Box 5490
Salem, OR 97304
Customer Service: 855-722-8205 TTY 711
www.yamhillcco.org

Welcome to Yamhill Community Care, your Oregon Health Plan insurance. As part of your care team, please tell us how we can support your health. Complete the following questions. Return this survey in the envelope we sent, no stamp is needed. Care Management is your point of contact for care coordination needs and a care manager is available to you and may call you. You can also call us at 833-257-2191.

Child's Name:_____ **Child's ID#:**_____ **Child's Gender:**____

Date of Birth:_____ **Phone number:**_____ **Preferred Language:**_____

1. Does your child have any of the following?

- ☐ Asthma
- ☐ Allergies
- ☐ Diabetes
- ☐ Cancer
- ☐ Heart Condition (specify below)
- ☐ Kidney Condition (specify below)
- ☐ Liver Condition (specify below)
- ☐ Neurological Disorders (specify below)
- ☐ Transplant (Stem Cell/Organ)
- ☐ Pain
- ☐ Developmental Delays
- ☐ Anxiety
- ☐ Issues with Sleep
- ☐ Signs of social/emotional/behavioral problems
- ☐ None of the above
- ☐ Other/Additional Information:_____

_____

2. When was your child's last physical exam?

_____

3. Does your child have any physical limitations that require: durable medical equipment, additional caregiver support, or other?

_____

4. Does your child have a pediatrician? If yes, who:

_____

5. Have you been able to make all of your child's health care appointments? If no, please tell us more about this:

_____

6. Has your child received recommended immunizations (check all that apply)?

- ☐ HepB: Hepatitis B
- ☐ RV: Rotavirus
- ☐ DTap: diptheria, tetanus, pertussis
- ☐ Hib: Haemophilius influenza type b
- ☐ PCV: Pneumococcal disease
- ☐ IPV: Polio
- ☐ MMR: Measles, mumps, and rubella
- ☐ Varicella: chickenpox
- ☐ Influenza (seasonally as appropriate)
- ☐ I don't know
- ☐ None of these
- ☐ Other:_____

7. Is your child taking prescribed medicine? If yes, please tell us more about this:

_____

Yamhill Community Care
PO Box 5490
Salem, OR 97304
Customer Service: 855-722-8205 TTY 711
www.yamhillcco.org

8. **Is your child developing as expected? If no, please tell us about this:**

_____

9. **Does your child visit the dentist? If no, please tell us about this:**

_____

10. **We can provide supplies to families that are in need, do you need any of the following to support your child?**

☐ Food ☐ Clothing ☐ Other: _____
☐ Transportation ☐ Childcare

11. **As a parent, we want to support your health as well. Are there any health concerns you are experiencing that you feel could impact your child, family, or others you support?**

_____

12. **Does your child have any other needs related to hearing, visual impairment, or other?**

_____

13. **Which of the following best describes your child? Please select one answer:**

☐ Asian or Pacific Islander
☐ Black or African American
☐ Hispanic or Latino
☐ Native American or Alaskan Native
☐ White or Caucasian
☐ Multiracial or Biracial
☐ A race/ethnicity not listed here
☐ I prefer not to answer

14. **Care Management is free and part of your child's insurance coverage. What would you like us to help you with to get the most out of your child's health care?**

_____

Seeing your primary care provider is key to great health. Care Management can help you schedule an appointment.

If you have any questions, need this in large print, braille or a different language, please call us Monday through Friday, 8 a.m. to 5 p.m., at 833-257-2191 (TTY:711).