



## HIPP MEDICAL HISTORY QUESTIONNAIRE

Date:

Due Date:

To see if the HIPP program can pay for health insurance please answer the following questions regarding the health of the people who get Medicaid in your household. Check all conditions that apply. If yes is checked, list the name of the person with this condition and how often medical care is needed to treat the condition.

Condition			If yes, list name of Medicaid-eligible member with this condition	How often is medical care required?
ADHD	<input type="checkbox"/>	Yes <input type="checkbox"/>	No	
Alcoholism/Drug Addiction	<input type="checkbox"/>	Yes <input type="checkbox"/>	No	
Asthma or Breathing Problems	<input type="checkbox"/>	Yes <input type="checkbox"/>	No	
Blood Disorder	<input type="checkbox"/>	Yes <input type="checkbox"/>	No	
Cancer	<input type="checkbox"/>	Yes <input type="checkbox"/>	No	
Diabetes	<input type="checkbox"/>	Yes <input type="checkbox"/>	No	
Heart Condition	<input type="checkbox"/>	Yes <input type="checkbox"/>	No	
HIV Positive/Acquired Immune Deficiency Syndrome (AIDS)	<input type="checkbox"/>	Yes <input type="checkbox"/>	No	
Kidney or Liver Disorder	<input type="checkbox"/>	Yes <input type="checkbox"/>	No	
Organ Transplant	<input type="checkbox"/>	Yes <input type="checkbox"/>	No	
Pregnancy	<input type="checkbox"/>	Yes <input type="checkbox"/>	No	
List due date:				
Scoliosis or Back Injury	<input type="checkbox"/>	Yes <input type="checkbox"/>	No	
Seizure Disorder	<input type="checkbox"/>	Yes <input type="checkbox"/>	No	
Stroke or Head Injury	<input type="checkbox"/>	Yes <input type="checkbox"/>	No	
Other Disease/Condition Requiring Treatment (list)	<input type="checkbox"/>	Yes <input type="checkbox"/>	No	
Other comments:				

Are any of the persons covered by Medicaid periodically institutionalized or currently living in an institution (mental health institution, nursing home, hospital, etc.)?  Yes  No

If yes, list the name of the person and the reason they are institutionalized. \_\_\_\_\_

Your Signature	Date
Email Address	
Home Phone	Other Phone

**Questions or need help?** Toll Free 1-888-346-9562 Des Moines area (515) 974-3283

Fax (515) 725-0725

HIPP Unit, PO Box 36476, Des Moines, IA 50315-9907