

**42d Medical Group Enrollment Assessment**

**Section I Contact Information**

Please answer the following questions to assist us in assigning you to the best PCM for your needs.

Name:	Rank:	Sponsor SSN:
DOB:	Relationship to Sponsor:	Individual SSN:
Local Address:		Phone Number:
Circle Appropriate Beneficiary Category:		
Active Duty	Active Duty Family Member	Retired Retired Family Member
Other: _____		

**Section II Health Assessment**

What is your current health status?	Poor	Fair	Good	Excellent
Do you have any of the following medical conditions?				
Asthma	Yes	No		
ADD/ADHD	Yes	No		
Depression	Yes	No		
Diabetes (Insulin? Yes No)	Yes	No		
Epilepsy	Yes	No		
High Blood Pressure / Cholesterol	Yes	No		
Heart conditions	Yes	No		
Other medical conditions?				
Please list any medications that you are currently taking?				
Do you require care from a specialist other than your Primary Care Manager?			Yes	No
If yes, what specialty?				

**Section III Additional Medical Information**

Have you ever been hospitalized? Yes No	
If yes, please list:	
Have you ever received a blood transfusion at an overseas location? Yes No	
If yes, where:	
If you are a female between 20 and 65, when was your last pap smear?	(month/year)
If you are a female between 40 and 70, when was your last mammogram?	(month/year)
Have you been enrolled to Flight Medicine?	
Do you have a preferred PCM gender	Male / Female / No Preference