



Road to Wellness
P.O. Box 13447
Macon, GA 31208-3447
478-314-2427 or 1-800-648-7563 option 5
Email: wellness@shpg.com
Fax: 478-314-2417

General Status Form

Please return this form to the address or fax number above. You can also email it to wellness@shpg.com.

Name: _____ Gender: _____ Date: _____
Address: _____ City/ST/Zip _____
Employer: _____ Member Number: _____
Birth Date: _____ Height: _____ Weight: _____
Home Ph: _____ Cell Ph: _____
Work Ph: _____ Email Address: _____
Best time to call _____ Physician: _____
Preferred Method of Contact: Home Phone Cell Phone Work Phone Email
I give permission for my care manager to speak with _____
_____ about my medical condition.

Please complete ALL of the following questions

1. Have you had a physician office visit for your condition at least once in the last 12 months? Yes No Date _____
2. Have you ever had an evaluation by a specialist for your chronic condition?
 Yes No Date _____
3. Have you had any inpatient hospitalizations in the last year? Yes No
4. Have you had any emergency room/urgent care visits in the last year? Yes No
5. Do you have your blood pressure checked at every physician office visit? Yes No
What was your last blood pressure reading? _____
6. Have you had a Flu Vaccination in the last 12 months? Yes No Date _____
7. Have you had a Pneumonia Vaccination? Yes No Date _____
8. Do you have any new medications? Yes No If yes, what?

9. Do you exercise at least 30 minutes 3 or more times a week? Yes No
10. Are you following a prescribed diet (low salt, low fat, low cholesterol)? Yes No
 No special diet prescribed
11. Are you currently using tobacco? Yes No

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