

If you are planning to enroll with Vista Healthplan and have an on-going medical condition or routinely take medication, please complete this form and mail or fax to the address below. This information will assist our Medical Case Management Department to insure a smooth transition of your medical care to VISTA.

VISTA Medical Case Management • 1340 Concord Terrace, Sunrise, FL 33323 • Fax 1-800-874-4595

## MEMBER INFORMATION

LAST NAME		FIRST NAME		MI	DATE OF BIRTH
ADDRESS (STREET)		CITY		STATE	ZIP CODE
WORK PHONE #	HOME PHONE #		TODAY'S DATE		SOCIAL SECURITY #
EMPLOYER GROUP		POLICY EFFECTIVE DATE	VISTA PCP		PHONE #

### I. Planned surgery after effective date of enrollment:

TYPE OF SURGERY		DATE
HOSPITAL OR SURGICAL CENTER		PHYSICIAN

### II. Ongoing medical treatment:

PLEASE DESCRIBE (Example: Chemotherapy, dialysis, etc.)
PHYSICIAN

### III. Are you pregnant? Yes No

DUE DATE	OBSTETRICIAN	HOSPITAL
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### IV. List current medications:

_____	_____
_____	_____
_____	_____

### V. Allergies:

_____	_____
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### VI. Currently receiving Home Care services? Yes No

If yes, name of agency: \_\_\_\_\_

Current medical equipment: Wheelchair Walker Hospital bed Commode

Oxygen Nebulizer Cane Crutches

Other (i.e. injectable medications): \_\_\_\_\_