Dear Kaiser Permanente Member:

Please take a few minutes to complete the enclosed form, which includes some tips for good health we hope you will find helpful. Even though the form is mailed from our Northwest office, your responses will be forwarded directly to your local Kaiser Permanente health team to inform them of your current health status. A copy of your answers will be placed in your medical record as part of your health history. This survey is a quick way for us to gather up-to-date information. Your response will be kept strictly confidential. The information you provide will not affect your health plan coverage or the cost of your insurance in any way.

Instructions:

1. The person identified on the first page should complete the questionnaire, but a family member or friend may help you. Please follow the marking instructions carefully.

2. If you cannot or don’t want to answer a question, feel free to leave it blank. However, please answer as many questions as you can. The more information we have, the better we can plan for your health care needs.

3. Please mail back the questionnaire using the enclosed postage-paid envelope. If you have any questions about the questionnaire or need a replacement, please call 1-800-698-5017.

If you need help with benefit clarification, a claim, enrollment status, or any other question or concern, please contact your local Kaiser Permanente customer service department. And as always, please discuss any health or health care concerns with your primary care physician, who will help you make health decisions that work best for you.

Thank you for taking part in this survey. We appreciate your help.

Sincerely,

Scott Young, MD
Associate Executive Director, Clinical Care and Innovation, Permanente Federation
Kaiser Permanente

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