

Patient Support Questionnaire

Patient Initials: _____

Date of Service: _____

Health starts – long before illness – in our homes, schools, and jobs. The more we know about you the better health care we can provide. We want to support your health and wellness.

Please circle the areas you would like assistance with. We cannot guarantee assistance in all areas, but will do our best to respond to your priorities.

I am having a hard time getting access to and/or paying for:

HOUSING 	UTILITIES (electricity, phone, heat, etc.) 	FOOD 	PHYSICAL SAFETY 	MENTAL HEALTH 
TRANSPORTATION 				HEALTH INSURANCE 
EMPLOYMENT 				LEGAL ASSISTANCE 
MATERIAL GOODS (clothing, furniture, diapers, etc.) 	HEALTH SUPPLIES (glasses, medicine, etc.) 	EDUCATION 	CHILD CARE 	SOCIAL SUPPORT 

Would you like to be contacted by a member of our health care team about this survey?

- Yes No

If yes, please share the best way to contact you (phone number, email, or address).
