

Patient Support Questionnaire

Patient Initials: _____

Date: _____

Health starts in our homes, schools, and jobs. When we know more about you, we can provide better care to support your health and wellness.

1. Please mark the areas you would like more information or assistance with.

We cannot guarantee help in all areas, but will do our best to respond to your priorities.

<input type="checkbox"/>	 Housing	<input type="checkbox"/>	 Social Support
<input type="checkbox"/>	 Transportation	<input type="checkbox"/>	 Legal Assistance
<input type="checkbox"/>	 Employment	<input type="checkbox"/>	 Health Insurance
<input type="checkbox"/>	 Material Needs (clothes, glasses, diapers, furniture, etc)	<input type="checkbox"/>	 Dental Health
<input type="checkbox"/>	 Education	<input type="checkbox"/>	 Food
<input type="checkbox"/>	 Childcare	<input type="checkbox"/>	 Utilities

2. If you would NOT like to be contacted by a member of your health care team about this form check here

3. If you would like to be contacted, please share the best way to connect you (your phone number, email, or address).

This resource was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,491,396 with 20% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Encuesta de Apoyo al Paciente

Iniciales del Paciente: _____

Fecha: _____

La salud comienza en nuestros hogares, escuelas y trabajos. Cuanto más sepamos sobre usted, mejor podremos apoyar su salud y bienestar.

1. Por favor marque las áreas en las que desea obtener más información o ayuda.

No podemos garantizar la ayuda en todas las áreas, pero haremos nuestro mejor esfuerzo para responder a sus prioridades.

<input type="checkbox"/>	 Alojamiento	<input type="checkbox"/>	 Apoyo Social
<input type="checkbox"/>	 Transportación	<input type="checkbox"/>	 Ayuda Legal
<input type="checkbox"/>	 Empleo	<input type="checkbox"/>	 Seguro Médico
<input type="checkbox"/>	 Necesidades Materiales <small>(ropa, gafas pañales, muebles, etc)</small>	<input type="checkbox"/>	 Salud Dental
<input type="checkbox"/>	 Educación	<input type="checkbox"/>	 Comida
<input type="checkbox"/>	 Cuidado de Niños	<input type="checkbox"/>	 Utilidades

2. Si NO desea que un miembro de su equipo de atención médica se comunique con usted acerca de este formulario, marque aquí:

3. Si desea ser contactado, comparta la mejor manera de contactarlo (un número de teléfono, un correo electrónico o dirección de casa).

This resource was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,491,396 with 20% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.