










Place Patient Sticker Here











Please fill this out and give to the medical assistant when you are called into the exam room. Your answers will help your care team take better care of your health and connect you with resources. Thank you!

Please check “✓” your answers:

I am a Patient Parent / Caregiver

	What is your living situation today?	<input type="radio"/> I have a steady place to live <input type="radio"/> I have a place to live today, but I am worried about losing it in the future <input type="radio"/> I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)	
	Within the past 12 months, the food you bought just didn't last and you didn't have money to get more. Within the past 12 months, you worried whether your food would run out before you got money to buy more. Is this an emergency, do you need food for tonight?	<input type="radio"/> Often true <input type="radio"/> Sometimes true <input type="radio"/> Never true <input type="radio"/> Often true <input type="radio"/> Sometimes true <input type="radio"/> Never true <input type="radio"/> Yes <input type="radio"/> No	
	Do you have trouble paying for medicines?	<input type="radio"/> Yes <input type="radio"/> No	
	Do you have trouble getting transportation to medical appointments?	<input type="radio"/> Yes <input type="radio"/> No	
	Do you have trouble paying your heating or electricity bill?	<input type="radio"/> Yes <input type="radio"/> No	
	Do you have trouble taking care of a child, family member or friend?	<input type="radio"/> Yes <input type="radio"/> No	
	Do you have trouble with day-to-day activities such as bathing, preparing meals, shopping, managing finances, etc.?	<input type="radio"/> Yes <input type="radio"/> No	
	Are you currently unemployed and looking for a job?	<input type="radio"/> Yes <input type="radio"/> No	
	Are you interested in more education?	<input type="radio"/> Yes <input type="radio"/> No	

Please check “✓” the resources you want help with:

Housing / Shelter	Food	Paying for Medicine	Transport	Utilities	Childcare	Care for elder or disabled	Daily Support	Job search / training	Education
									
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I do not want to answer these questions