



Patient Name: _____ Date of birth: _____ Today's Date: _____

Please Circle Your Answer For Each Question

Do you struggle to have enough money to purchase the foods for you/your home?	Yes	No	Don't know/Prefer not to say
Would you be interested in free GED, ESL, literacy, exercise, yoga, or other types of opportunities for social engagement?	Yes	No	Don't know/Prefer not to say
Are you in need of information about emergency shelters or similar housing options?	Yes	No	Don't know/Prefer not to say
In the last year, have you ever missed a medical appointment because of transportation difficulties?	Yes	No	Don't know/Prefer not to say
Is your landlord refusing to provide adequate heating, repairs, or bed bug removal in your apartment?	Yes	No	Don't know/Prefer not to say
Do you need information about free services/resources for victims of domestic violence or sexual assault?	Yes	No	Don't know/Prefer not to say
Are you in need of treatment services for drug or alcohol abuse/use?	Yes	No	Don't know/Prefer not to say

Have you registered for the Patient Portal?
Register today to get this info and much more, straight to your email!