



AMERICAN OSTEOPATHIC ASSOCIATION

Patient Assessment of Individual, Family and Community Needs

These questions are to assist the physician in understanding better what might be affecting your health and well-being. Obtaining this information will help us to work together with you to develop a plan that fits your life. We also may be able to assist you with connecting to resources in the community. Some of these questions may be sensitive, the information you provide is confidential and used to partner with you on your overall health and well-being.

Please circle your answer:

1. What is your current employment status?:

Retired Disabled Not Employed Employed Part Time Employed Full Time

2. Do you ever eat less than you feel you should because there was not enough money for food?

Yes No

3. Do you sometimes need to see a doctor, but are not able to because of cost?

Yes No

4. Have you ever had to go without health care because you did not have a way to get there?

Yes No

5. Are you able to afford your medications?

Yes No

6. Do you ever need help reading medical materials?

Yes No

7. Do you have stable housing?

Yes No

8. Are you often worried about having enough money for your bills (gas, electric, water)?

Yes No

9. Do you feel safe at home?

Yes No

10. Is there something that you would like to share with the physician that is cultural or spiritual in nature?

Yes No

11. Does your spirituality impact the health decisions you make?

Yes No

12. Are you concerned about discrimination today based on your sexual orientation, race, or ethnicity?

Yes No

13. If you have children, do problems getting child care make it difficult to work or study?

Yes No

14. Do you often feel sad and depressed?

Yes No

Please include anything you would like to discuss with the physician today: _____

Thank you for completing these questions, your overall health is important to us!