Health Access Survey

Increasingly healthcare is focused on meeting the needs of patients outside the healthcare setting.
This means helping patients with basic needs such as transportation, food, shelter, etc.
The following survey is meant to help us connect you to community resources if needed.

PRACTICE USE
- ☐ Patient declined to complete form
- ☐ Patient/Family completed
- ☐ Staff/Medical Personnel completed

Patient First Name:

Date of Birth: month/day/year

Patient Last Name:

Member ID:

Phone Number:

☐ cell ☐ home

Sex: ☐ M ☐ F

Email: _____

Preference: ☐ Text ☐ Call ☐ Email

Address: _____

Insurance:

Today's Date: month/day/year

Check the phrase that best applies to your situation

1. Do you have access to a park or places for recreation?
☐ Almost Always ☐ Most of the Time ☐ Some of the Time ☐ Never Z59.9

2. Do you need help with transportation to get to your doctor's appointments?
Z59.9 ☐ Almost Always ☐ Most of the Time ☐ Some of the Time ☐ Never

3. Do you ever need help filling out medical forms, reading prescription labels, understanding how to take your pills, or following doctors' instructions?
Z55.9 ☐ Almost Always ☐ Most of the Time ☐ Some of the Time ☐ Never

4. Are there others in your family or support system who should be informed and consulted regarding your medical care?
Who are they and what is their relationship to you? _____

5. How often do you skip doses or forget to take medicines prescribed for you?
Z55.9 ☐ Almost Always ☐ Most of the Time ☐ Some of the Time ☐ Never

6. Does your family have access to a quality education and job opportunities?
☐ Almost Always ☐ Most of the Time ☐ Some of the Time ☐ Never Z56.9

7. Do you have access to fresh fruits and vegetables?
☐ Almost Always ☐ Most of the Time ☐ Some of the Time ☐ Never Z59.4

8. Do you feel that your physical health is affecting your spiritual life?
Z60.0 ☐ Almost Always ☐ Most of the Time ☐ Some of the Time ☐ Never

9. Do you go back to your native country or visit other foreign countries to have medical treatments, buy medicine or obtain specific herbal remedies?
Z59.7 ☐ Almost Always ☐ Most of the Time ☐ Some of the Time ☐ Never

10. Do you have enough money to buy the things you need to live everyday such as food, clothing, housing, and/or utilities?
☐ Almost Always ☐ Most of the Time ☐ Some of the Time ☐ Never Z59.9

11. Do you see a native healer or non-traditional practitioner (curandero, espiritista, santero) when you feel illl?
Z59.7 ☐ Almost Always ☐ Most of the Time ☐ Some of the Time ☐ Never

12. Are you able to get medical care when you need it?
☐ Almost Always ☐ Most of the Time ☐ Some of the Time ☐ Never Z59.9

13. Does anyone in your family have problems with substance or alcohol abuse?
Z63.72 ☐ Almost Always ☐ Most of the Time ☐ Some of the Time ☐ Never

14. Do you feel discriminated, bullied against, or isolated at work/school/community?
Z60.4 ☐ Almost Always ☐ Most of the Time ☐ Some of the Time ☐ Never

15. Do you take non-prescribed herbal or folk medicine for your medical conditions or general health?
Z59.7 ☐ Almost Always ☐ Most of the Time ☐ Some of the Time ☐ Never

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