

HealthLink Miami Valley Portal Agency Questionnaire

Date: _____ Portal Agency: _____

1. Do you have health insurance?

- NO health insurance YES, what kind?
- Medicaid Medicare Anthem CareSource
- United Health Care Military/ CHAMPUS CHIPS/ Healthy Start
Healthy Families
- Other: _____

2. Do you have high blood pressure? NO YES DON T KNOW

3. Do you have children living with you? NO (Skip next 2 questions) YES

4. Are your children covered by health insurance? NO YES, what kind?

- Medicaid Medicare Anthem CareSource
- United Health Care Military/ CHAMPUS CHIPS/ Healthy Start
Healthy Families
- Other: _____

5. Do any of your children wheeze or have asthma? NO YES

6. Where do you go when you need a doctor or medical help?

- Family doctor Clinic, which one? _____
- Emergency room Urgent Care I do not know where to go

7. Do you get prescriptions filled when you should?

- YES NO, why? _____

8. Do you want more information from a community health advocate on health care programs and services? YES NO

Name: (Please Print) _____

Client Address: _____

Phone/Contact Number: _____

Best time to contact: _____

I agree to allow the information on this form to be given to HealthLink Miami Valley so that they may help me with health care programs and follow up services.

Signature: _____ Date: _____