FLAGLER FREE CLINIC

Patient Needs Survey

Where would you seek healthcare if not at Flagler Free Clinic?_____

Have you been hospitalized in the last 12 months? _____Yes_____Where_____No

If yes, Reason_____

Have you been to the Emergency Room in the last 12 months? Yes___No___Where_____
Reason_____

Have you been seen at Azalea Clinic in the last 12 months?_____Yes_____No

When did you last see a primary care provider?_____

Providers Name:_____

Are you a US military veteran? Yes___No___ If yes, provide dates: From_____To_____
Branch of service:_____

What is the highest level of education that you have completed?

Elementary (K-8)_____
High School (9-12)_____
GED_____

College or University
2 year_____
4 year_____
Post graduate_____

Are you a registered voter?_____Yes_____No

How many people live in your household?_____List all adults & children below and their relationship to you.

Name	Relationship to you	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you employed? _____Yes_____No

If Yes, Name & Location of Employer_____

If No, how long have you been unemployed?_____

Are you seeking employment?_____Yes_____No

Employable Skills_____

FLAGLER COUNTY FREE CLINIC

What county do you live in?

_____Flagler _____Volusia _____St. John's _____Duval _____Other (specify)

Are you here to get treatment due to an injury at work or are you here to get treatment due to a car or motorcycle accident?

_____No _____Yes

If you are involved in a Workmen's Compensation claim, motor vehicle accident or "slip and fall" injury, you have insurance related to that claim, accident or injury and we will not treat you for any medical issues related to those types of accidents.

Are you here to get a prescription for a narcotic or any other controlled substance for pain?

____No _____Yes

We do not prescribe narcotics here. These include valium, xanax lortab, hydrocodone, percocet, dilaudid, clonopin, ambien, lunesta soma, restoril, ativan, darvocet, morphine, etc.

Are you here because of depression, anxiety issues or other mental health issues such as bi-polar disorder?

_____No _____Yes

We will discuss your condition. However, we may have to refer you to a mental health specialist as we do not treat mental health issues.

Are you seeking disability?

_____No _____Yes

We do not perform any of the in-depth tests, analysis, studies or proceedures that are needed to document a disability. We do not provide medical records to any disability agency.

Do you have medical insurance? (Include if from another state)

_____No_____Yes

If yes, please indicate type of insurance below:

____Medicare _____Medicaid _____Medicaid Share of Cost

_____Private Insurance

Are you currently under the care of another medical doctor?

____No _____Yes

If so, please explain why you are seeking our medical care.

Do you have any of the following? If so, please specify amount. **CD:** _____Yes_____No_____Balance

Retirement Account:____Yes___No_____Balance **Savings Account**: ____Yes ____No_____Balance

Investment Account: _____Yes_____No _____Balance

Please **PRINT** your name below:

_____

Please **SIGN** your name below:

_____