

### **Data Pilot Health Assessment Form**

#### **General Health Status**

1	Do you see a health care provider on a regular basis?	Yes/No
2	Have you had a physical in the last year?	Yes/No
3	Do you currently have health insurance or medical coverage? If so, what?	Yes/No
	If NO, would you like assistance with enrolling in medical coverage?	Yes/No
4	Do you have any allergies that staff should be aware of? If YES, please list:	Yes/No
5	Do you have any medical concerns (if no, skip to question 9)? If YES, please list:	Yes/No
6	Are you experiencing any health issues that you feel need immediate treatment? [If yes, make warm referral to health partner for urgent appointment]	Yes/No
7	What medications (if any) do you take?	
8	On a scale from 1 to 10, with 1 being no control and 10 being complete control, how much control do you feel you have over your own health?	
9	How do you rate your overall health?	Excellent Good Fair Poor
10	Even if no active medical concerns, offer the educational safety card and make connection to health services:  <i>"Given how much relationships affect people's health, we partner with a local health center to provide care for our clients. Are you interested in connecting with one of the providers to review your health history and get a routine check up?"</i>	

#### **Alcohol and Substance Use**

1	Do you drink alcohol? If YES how much?	Yes/No  Amount:
2	Do you smoke cigarettes? If YES, how many:	Yes/No
3	Do you take any drugs, medications or supplements that are not prescribed by a	Yes/No

	doctor?	
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### Sexual and Reproductive Health

1	In the last year, have you had an annual women's health or sexual health exam?	Yes/No
2	At this time, are you experiencing any symptoms that you feel should be seen by a reproductive health care provider?	Yes/No
3	In the past week, have you had unprotected sexual intercourse?	Yes/No
4	If yes, are you interested in receiving emergency contraception (the morning after pill) to help prevent pregnancy?	Yes/No
5	If no immediate symptoms – Are you interested in meeting with a reproductive health care provider to discuss pregnancy prevention and/or sexual health?	Yes/No

7/21/17