Women's Wellness Connection

PATIENT HISTORY FORM

(Patients must reapply every year)

WOMEN'S WELLNESS connection
Connect. Get checked. Be well.

Colorado Department of Public Health and Environment

FOR CLINIC STAFF USE ONLY		
AGENCY #	CHART #	WWC #
ENROLLMENT/RE-ENROLLMENT DATE	❑ I HAVE VERIFIED THIS PATIENT'S LAWFUL PRESENCE DOCUMENTATION IS CURRENT.	

PATIENT INSTRUCTIONS: Please fill in each part below. Shaded areas need to be filled in completely.

IDENTIFICATION

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
LAST 4 NUMBERS OF YOUR SOCIAL SECURITY NUMBER		DATE OF BIRTH	AGE

WHAT ETHNICITY ARE YOU? CHOOSE ONE BELOW.
- ❑ I am Latina and/or Hispanic.
- ❑ I am not sure if I am Latina or Hispanic.
- ❑ I am not Latina or Hispanic.

WHAT RACE(S) ARE YOU? CHECK ALL THAT ARE TRUE.
- ❑ Black/African American
- ❑ White
- ❑ American Indian
- ❑ Latina/Hispanic
- ❑ Asian
- ❑ Alaska Native
- ❑ Aleutian Islander
- ❑ Native Hawaiian
- ❑ Pacific Islander
- ❑ I am not sure
- ❑ Other:

ENROLLMENT

DO YOU HAVE PRIVATE INSURANCE OR MEDICAID?
- ❑ Yes, I have Medicaid.
- ❑ Yes, I have private insurance.
  Check below if any are true.
  - ❑ but I have a high deductible.
  - ❑ but it does not cover cancer screening.
- ❑ No, I do not have private insurance.
- ❑ No, I do not have Medicaid.

DO YOU HAVE MEDICARE?
- ❑ Yes, part A only.
- ❑ Yes, parts A and B.
- ❑ No, I do not have Medicare.

WOULD YOU LIKE US TO SEND YOU A LETTER REMINDING YOU OF YOUR SCREENING? (test phase only)
- ❑ Yes
  - ❑ In English
  - ❑ In Spanish
- ❑ No, I do not want a letter reminding me of my screening.

To the best of my knowledge, the GROSS MONTHLY (before taxes) income for my household is:	Number of people living on this income including myself (this may include people not living in your house):

CONTACT

HOW DID YOU HEAR ABOUT THE WOMEN'S WELLNESS CONNECTION FREE BREAST AND CERVICAL CANCER SCREENING EXAMS?
- ❑ Brochure / Poster
- ❑ Clinic Staff / Physician
- ❑ Friend / Family Member
- ❑ Health Fair
- ❑ Hotline (866-951-9355)
- ❑ Newspaper Ad
- ❑ Patient Navigator
- ❑ Radio Ad
- ❑ TV Ad
- ❑ Women's Wellness Connection event or staff person
- ❑ Other:

PLEASE PROVIDE THE FOLLOWING NUMBERS WE CAN REACH YOU AT:	Mailing Address		
Home Phone number	City	State	Zip
Work Phone number	County		
Cell Phone number	Email Address		
Emergency Contact List a phone number for someone who could call you if your phone number changes in the future or in an emergency:			