

Health Needs Questionnaire



Upon completion and for further instructions, please return to: <https://mycatholicdoctor.com/intake-forms/>

Poverty, food insecurity, etc

Patient's name:

In the last 12 months, did you ever eat less than you felt you should because there was not enough money for food?

Yes No

Are you worried that in the next 2 months, you may not have stable housing?

Yes No

**Do problems getting child care make it difficult for you to work or study?
(Leave blank if you do not have children)**

Yes No

In the last 12 months, have you needed to see a doctor, but could not because of cost

Yes No

In the last 12 months, have you ever had to go without health care because you did not have a way to get there?

Yes No

Do you ever need help reading hospital materials?

Yes No

Do you often feel that you lack companionship?

Yes No

Are any of your needs urgent? For example: I do not have food tonight, I do not have a place to sleep tonight

Yes No

IF you checked YES to any boxes above, would you like to receive assistance with any of these needs?

Yes No

Is there anything else you would like to add? (optional)