



"A local solution to a national problem"

New Patient and Renewal Information
Must be at 200% of Federal Poverty Level
Accept or Denied

Intake Date:

Name: Last First Middle Date of Birth:

Street Address:

City: County Sangamon State: IL Zip Code:

Phone(s): (Home or Cell) (Email) Social Security #: (need a copy of Social Security Card)

How long have you been a resident of Sangamon Co.? Can we leave a message at your home? Yes No

Primary Race/Ethnicity: African American Asian/Pacific Islander Native American (choose one)
Latino/Hispanic White/Caucasian Other (specify):

Language Spoken? English Spanish or Other (please specify)

Gender: Male Female Years of Education Do you Smoke? (Y/N) Veteran? (Y/N)

Marital Status: Single Married Divorced Widowed Height: Weight:

Are you employed (Y/N) Part time Full time Hrs How long unemployed?

Where employed, type of employment

Most Recent Employer Dates of Employment

If applicable, is spouse employed? Have insurance?

Household Income (gross/yearly): # in household: # children in house under 18 yrs:

Did you file taxes last year (Y/N) (if yes attach your most current tax return, if no complete the 4506-T form)

Do you have a bank account or savings account? (if yes please attach most current statements)

Insurance status - None Medicaid Medicare Other

If uninsured, length of time uninsured: 0-3 months 3-6 months 6-12 months 1-3 years Over 3 years

Why don't you have insurance? Not working Can't afford premiums Company doesn't offer insurance
Don't have health problems yet Pre-existing Conditions (for how long a wait months years?).

Have you ever applied for Medicaid/Medicare? Y/N Result?

Current or most recent Primary care doctor/clinic Phone

Have you ever been a patient at Capital Community Health Care? Doctor Name

How do you get to your doctor's office: My own car Relative/friend drives Bus Taxi

How many times do you visit the ER in a year? What reason?

Which Hospitals?

How many times a year are you sick? \_\_\_\_\_ How often did you want to see a doctor but didn't \_\_\_\_\_  
Why didn't you see the doctor? \_\_\_\_\_ Couldn't get a timely appointment \_\_\_\_\_ Couldn't afford it \_\_\_\_\_  
\_\_\_\_\_ Couldn't get time off \_\_\_\_\_ Couldn't get a ride \_\_\_\_\_ Couldn't find a babysitter \_\_\_\_\_ Too embarrassed

**Have you been diagnosed with any of the following (check all that apply)?**

- Asthma     Cancer     Diabetes     Depression     Heart Disease     Hypertension  
 GI     GYN     Urological     Orthopedic (Type) \_\_\_\_\_

**Current prescription medications:** \_\_\_\_\_  
\_\_\_\_\_

**How do you normally access prescription medication?**

- Insurance     Self-Pay     Don't fill     Split the dose  
 Generic prescription meds     Social Service     Purchases out of country  
 Doctor samples     Family/friend pays     Other: \_\_\_\_\_

**Patient Referred to CATCH by: (choose one):**

- Memorial Hospital     St. John's Hospital     CCHC (FQHC)  
 Clinic \_\_\_\_\_     Other \_\_\_\_\_  
(Name of clinic)

**If referred to CATCH through Emergency Room, why did you use ER (check all that apply)?**

- Urgent medical need     Pain management     Seeking high quality treatment.     Dental Care  
 Primary care needs     Mental health issues     Couldn't get in to see my doctor  
 Mgt chronic condition     Lack of transportation     Lack of insurance and/or money  
 Don't know where else to go     Prescription needs     Specialty care not covered by insurance  
 Possible drug seeking behavior (per ER staff)     Other \_\_\_\_\_

**Do you need other services such as:**

- Food Stamps     WIC     Substance Abuse     Mental Health/Counseling  
 Rental Assistance     Disability     Prenatal Care     Dental  
 Housing     Food     Utilities     Medicaid/Medicare  
 Prescription Assistance     Shelter     Victim Services  
 DCFS     Legal Aid     Re-entry Services  
 Daycare/Childcare  
 VA     Other: \_\_\_\_\_

Other Doctors /Contact Info \_\_\_\_\_

Other relevant health, socioeconomic, and/or background data and/or patient:  
\_\_\_\_\_  
\_\_\_\_\_