MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF CANCER AND CHRONIC DISEASE CONTROL
SHOW ME HEALTHY MISSOURIANS/SHOW ME HEALTHY WOMEN

P. O. Box 570
Jefferson City, MO 65102-0570
(573) 522-2845

PATIENT HISTORY (TO BE COMPLETED BY CLIENT)

ENROLLMENT SITE/SATELLITE CLINIC (IF ANY)	DATE OF VISIT (MM/DD/YYYY)

A. PERSONAL HISTORY

NAME (LAST, FIRST, MIDDLE INITIAL)	MAIDEN NAME

E-MAIL ADDRESS	HOME PHONE NO.	WORK PHONE NO.	CELL PHONE NO.
	( )	( )	( )

STREET ADDRESS	CITY/STATE	ZIP CODE	COUNTY

DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER (OPTIONAL)	MEDICAID DCN/MEDICARE NUMBER

NUMBER OF HOUSEHOLD MEMBERS	INSURANCE COVERAGE:
	☐ None ☐ Mo HealthNet ☐ Medicare ☐ Private

How did you hear about the Show Me Healthy Women program?

- ☐ (1) Physician
- ☐ (2) Clinic
- ☐ (3) Television
- ☐ (4) Radio
- ☐ (5) Printed Ad
- ☐ (6) Billboard
- ☐ (7) Bus Sign
- ☐ (8) Health Care Provider
- ☐ (9) Health Fair
- ☐ (10) Health Coalition
- ☐ (11) Outreach Worker
- ☐ (12) Relative/Friend
- ☐ (13) Other Location (specify)_____

What type of transportation did you use to get to your clinic appointment?

- ☐ (1) Bus
- ☐ (2) ACT Van
- ☐ (3) OATS Bus
- ☐ (4) Taxi
- ☐ (5) Personal Vehicle
- ☐ (6) Relative/Friend
- ☐ (7) SMTS
- ☐ (8) Other_____

Race: (must be answered, choose all that apply)

- ☐ (1) White
- ☐ (2) Black or African American
- ☐ (3) Asian
- ☐ (4) Native Hawaiian or Other Pacific Islander
- ☐ (5) American Indian or Alaskan Native
- ☐ (7) Unknown (please avoid using)

Ethnicity: (The question about Hispanic origin must be answered.)

1. Are you of Hispanic origin? ☐ Yes ☐ No

Highest grade of school completed (circle one)
(U. S. equivalent if educated in another nation)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Date of last Pap test _____/_____/_____ (MM DD YYYY)

Date of last mammogram _____/_____/_____ (MM DD YYYY)

Do you now smoke cigarettes? ☐ Everyday ☐ Some days ☐ Not at all ☐ Don't know

Name and telephone numbers of two people who can always reach you:

NAME	HOME PHONE WITH AREA CODE	WORK PHONE
	(_____)_____	(_____)_____
NAME	HOME PHONE WITH AREA CODE	WORK PHONE
	(_____)_____	(_____)_____