



## INTAKE FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: Male Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Phone/Pager: \_\_\_\_\_

Email Address: \_\_\_\_\_

I authorize Stony Brook HOME to leave the following information on my voicemail (check all that apply):

Scheduling of Appointments

Medical Information

I understand this authorization will be valid until revoked in writing.

### Your Health Information:

Stony Brook HOME will not disclose your health information without your prior written authorization for any purposes other than operational needs (utilization review, Health Department review, clinical education, etc.) and your continued medical care.

### Record Release:

I hereby authorize Stony Brook HOME to release my identifying information and medical records to physicians, hospitals, or other health care practitioners on my behalf for operational purposes as described above, and when it is necessary for my continuing medical care.

### Notice of Privacy Practices:

I acknowledge that I have been given the opportunity to review and/or receive a copy of the information contained in the Notice of Privacy Practices for Stony Brook University Medical Center.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## INTAKE FORM

- 1) What is your sex?       Male     Female
  
- 2) What is your age?
  - 18 - 24 years
  - 25 - 34 years
  - 35 - 44 years
  - 45 - 54 years
  - 55 - 64 years
  - 65 - 74 years
  - 75 years and over
  
- 3) Are you Hispanic or Latino?     Yes       No
  
- 4) What is your race? (check ALL that apply)
  - American Indian or Alaska Native
  - Asian
  - Black
  - Native Hawaiian or other Pacific Islander
  - White
  - None of the above
  
- 5) What language do you prefer to speak? (check ALL that apply)
  - English     Other (please specify) \_\_\_\_\_
  - Spanish
  
- 6) What is your zip code? \_\_\_\_\_
  
- 7) What is your marital status?
  - Married
  - Divorced
  - Single
  - Separated
  - Widowed
  - In a domestic partnership



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8) How many people live in your household? (including yourself):

- 1       2       3       4       5  
 6       more than 6

9) What is the highest level of school you have completed? (check ONLY one):

- Some elementary school       Some College  
 Elementary school       Bachelors degree  
 Some high school       Graduate/Professional degree  
 High school graduate

10) What is your job status? (check ONLY one):

- Looking for work       Home maker  
 Going to school       Retired  
 Working Part-time       Unable to work  
 Working Full time

11) What is your major source of transportation? (check ALL that apply):

- Own car       Bus  
 Train       Taxi  
 Bicycling       Walking  
 Other (please specify): \_\_\_\_\_

12) What is your annual household income? (check ONLY one):

- less than \$10,000       \$40,000 - \$49,999  
 \$10,000 - \$19,999       greater than \$50,000  
 \$20,000 - \$29,999  
 \$30,000- \$39,999

13) What is your living situation? (check ONLY one):

- Apartment       House  
 Room       Shelter  
 Homeless       Other (please specify): \_\_\_\_\_



## INTAKE FORM

14) Within the past year, have you ever been homeless?

- Yes       No

15) Have you ever had medical insurance?

- Yes       No

If Yes, when did it end?

- Less than 6 months ago  
 Between 6 months and 1 year ago  
 Between 1 and 2 years ago  
 Between 2 and 4 years ago  
 4 or more years ago

16) When was the last time you had a colonoscopy?

- Don't know  
 Never had one  
 Within the past year  
 1 to 2 years ago  
 2 to 3 years ago  
 3 to 4 years ago  
 More than 4 years ago

17) **(Women only)** Have you ever had a Pap smear?

- Yes       No

If Yes, how long ago?

- Don't know  
 Never had one  
 Within the past year  
 1 to 2 years ago  
 2 to 3 years ago  
 3 to 4 years ago  
 More than 4 years ago



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18) **(Women only)** Have you ever had a mammogram?

- Yes       No

If Yes, how long ago?

- Don't know  
 Never had one  
 Within the past year  
 1 to 2 years ago  
 2 to 3 years ago  
 3 to 4 years ago  
 More than 4 years ago

19) When was your last comprehensive eye exam?

- Don't know  
 Never had one  
 Within the past year  
 1 to 2 years ago  
 2 to 3 years ago  
 3 to 4 years ago  
 More than 4 years ago

20) When was the last time you had a dental exam?

- Don't know  
 Never had one  
 Within the past year  
 1 to 2 years ago  
 2 to 3 years ago  
 3 to 4 years ago  
 More than 4 years ago

21) How did you find out about the Stony Brook HOME Clinic?

- Family/friend                       Community organization  
 Newspaper                               Medical professional  
 Other (please specify): \_\_\_\_\_



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22) Why did you decide to come to SB HOME? Please choose all that apply.

- It's close
- It's free
- Easy to get an appointment
- Reputation in community
- Other (please specify): \_\_\_\_\_

23) What is the hardest part of obtaining medical care? Please choose all that apply.

- Cost
- Language Barrier
- Finding a clinic open
- Cultural or ethnic barriers
- Other (please specify): \_\_\_\_\_

24) Was there a time in the past 12 months when you needed medical care, but could not get it?

- Yes
- No

If Yes, what was the reason you did not get medical care? Please choose all that apply.

- Cost
- Distance
- Office wasn't open
- Too long a wait for an appointment
- No child care
- No transportation
- The medical provider didn't speak my language
- Other (please specify) \_\_\_\_\_

25) Was there a time in the past 12 months when you could not afford your medications?

- Yes
- No

26) Have you ever gone to the emergency room for care you felt you could not afford elsewhere?



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Yes       No

If so what was the most recent year? \_\_\_\_\_