

PATIENT HEALTH CARE PREFERENCES QUESTIONNAIRE

We would like to know more about you so that we may provide you with access to the best possible health care. Please take a moment to complete this optional questionnaire. Your responses to these questions will help us to better meet your needs.

1. What language do you speak most often with your friends and family?

2. What language would you like to use today for your office visit?

3. Do you have a family member or friend with you today to go in with you for your office visit?

Yes

Please write their name and relationship to you _____

No

4. Would you like an interpreter to assist you to help you clearly understand the discussions about your health care today?

Yes

No

5. Do you need help filling out medical forms?

Yes

No

6. Are you able to read and understand the directions on a bottle of medicine?

Yes

No

7. Do you have any cultural, religious beliefs, or preferences about your health care that you would like us to know?

Yes

No

If yes, please write down how you manage them, what remedies have been tried, and the health outcomes. Please include the names and type of practice of any doctors or other health care professionals involved in your health treatment.

Please use the space below to tell us anything else about you that you'd like to share. Your doctor will use this information to help give you the best medical care possible.

Thank you for completing this patient questionnaire.