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

PATIENT HISTORY (TO BE COMPLETED BY CLIENT)

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

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
	(____)________	(____)________