Universal Screening Form

Date:___/____/20__

Staff:___________________

First Name:		Last Name:	
Date of Birth:		Who Referred You to Us?	

What is your PRIMARY reason(s) for today's visit? (Check all that apply)

☐ Hospitality	☐ Food	☐ Prescription	☐ Follow up	☐ Information	☐ Shelter
☐ Non Medical Assistance	☐ Social Services	☐ Ministerial Assistance	☐ Education / Class	☐ Medical Assistance	☐ Other (specify) _______________

What is your PRIMARY means of transportation?

☐ Walking	☐ Bike	☐ Bus	☐ Drive a car	☐ Get car rides	☐ Other (specify)_________________

Have you or a member of your family ever been enrolled in any of the following? (Check all that apply)

☐ Medicare	☐ Medicaid	☐ CHIP	☐ QMB	☐ HMO
☐ Food Stamps	☐ AFDC	☐ Galveston Co. Indigent Program	☐ Insurance	☐ None of these

Have you ever been told that you have? (Check all that apply)

☐ Diabetes	☐ Heart Disease	☐ High blood pressure	☐ Asthma	☐ Disability	☐ TB
☐ Breast Cancer	☐ Other Cancer	☐ Substance Abuse Addiction	☐ Mental Illness	☐ HIV/AIDS	☐ Lead Poison
☐ COPD	☐ Co-Dependency	☐ STD (Sexual Transmitted Dis)	☐ Smoking Tobacco Use	☐ No Health Problems	☐ Other (Specify below) _________________

When you are ill or injured, where do you seek help?

☐ Coastal Health & Wellness - Island	☐ Coastal Health & Wellness - Mainland	☐ UTMB Clinics	☐ St. Vincent's House	☐ Point of Light
☐ Luke Society	☐ ER-UTMB	☐ ER-Mainland Hospital	☐ UTMB Brazoria	☐ VA
☐ Mainland Medical Center Clinic	☐ None	☐ Other (specify below): ____		

Eligibility (check all that apply):

☐ I have a Jesse Tree Adherence Plan.	☐ I or family member is currently using prescription medication.
☐ My household income is less than $40,000 a year.	☐ I filed an income tax claim last year.
☐ I or a family Member is unemployed.	☐ I am a registered voter.
☐ I am homeless or doubled up with friends or family.	☐ I am raising a grandchild.
☐ I own my property.	☐ I rent.
☐ I am a HRPR client.	

The following questions will help to make referrals in keeping with your personal beliefs. To what major religion group do you belong?

☐ Christian	☐ Jewish	☐ Protestant	☐ Roman Catholic	☐ Unitarian	☐ Non-Denominational Christian
☐ Mormon	☐ Buddhist	☐ Islamic	☐ Hindu	☐ None	☐ Other (Specify below) ___________________

The following question will help to determine if information on health-disparity issues might be of importance to you or your family. Please describe your race. (Check all that apply):

☐ Black, Non-Hispanic	☐ White, Non-Hispanic	☐ Hispanic	☐ Asian	☐ Mideastern/ Arabian
☐ Pacific Islander	☐ Native American	☐ Indian Sub-Continent	☐ Other (specify below) _____________________________	