

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)				DA	DATE OF VISIT (MM/DD/YYYY)			
A. PERSONAL HISTORY								
NAME (LAST, FIRST, MIDDLE INITIAL)	MAIDEN NAME							
E-MAIL ADDRESS HC		HOME PHONE NO.		WORK PHONE NO.		CELL PHONE NO.		
STREET ADDRESS CIT		TY/STATE		ZIP CODE		COUNTY		
DATE OF BIRTH (MM/DD/YYYY) SOCIAL SECURITY NUMBI		BER (OPTIONAL)		MEDICAID DCN/MEDICARE NUMBER				
NUMBER OF HOUSEHOLD MEMBERS	:							
1	☐ Mo Healti	nNet □ Medicare □ Private						
How did you hear about the Show Me Healthy Women program			What type of transportation did you use to get to your clinic appointment?					
□ (1) Physician □ (8) Health Care Provider □ (2) Clinic □ (9) Health Fair □ (3) Television □ (10) Health Coalition □ (4) Radio □ (11) Outreach Worker □ (5) Printed Ad □ (12) Relative/Friend □ (6) Billboard □ (13) Other Location □ (7) Bus Sign (specify)			☐ (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 (1) White (2) Black or African American		Ethnicity: (The question about Hispanic origin must be answered.) 1. Are you of Hispanic origin? Yes No						
☐ (3) Asian ☐ (4) Native Hawaiian or Other Pacif ☐ (5) American Indian or Alaskan Na ☐ (7) Unknown (please avoid using)		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		Date of last mammogram//						
Do you now smoke cigarettes?	☐ Everyday			☐ Not at all	□ Don't	know		
Name and telephone numbers of two								
NAME		HOME PHONE	HOME PHONE WITH AREA CODE		WORK PHONE			
	()	()			()			
NAME	HOME PHONE	WITH AREA CODE		WORK PHONE				