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ADDITIONAL QUESTIONS:

Does the patient have health insurance? \_\_\_\_\_  
\_\_\_\_\_ Medicare/Medicaid \_\_\_\_\_ Private insurance

Patient Age: \_\_ 50-60 \_\_ 61-70 \_\_ 71-80 \_\_ 81-90 \_\_ over 90

Primary Diagnosis? \_\_\_\_\_

When was patient diagnosed? \_\_\_\_\_

Does the patient have a primary care physician? \_\_\_\_\_

Is patient able to schedule a visit with their doctor when needed? \_\_\_\_\_

Does patient have transportation to and from doctor visits? \_\_\_\_\_

Does patient feel that there is enough time to ask their doctor questions during office visits? \_\_\_\_\_

Does patient have a current list of all prescription medications? \_\_\_\_\_

Is patient having difficulty affording prescriptions? \_\_\_\_\_

Does patient have a personal health journal? \_\_\_\_\_

Is the family caregiver(s) the primary source of financial & emotional support? \_\_\_\_\_

Is there respite care (*back up support to give regular family caregiver time off*) for the family caregiver(s)? \_\_\_\_\_

Does patient live at home? \_\_\_\_\_

Does patient live at the family caregiver's home? \_\_\_\_\_

Is patient receiving professional home health care services? \_\_\_\_\_

**WISH LIST** -----

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YOUR NAME: \_\_\_\_\_

I am the patient \_\_\_\_\_ I am the family caregiver \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

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

**YES**  **NO**  I would like to be added to your lists so that I am informed of upcoming events or health care information that may be important to me.

Please email completed questionnaire to: [voice4patients@aol.com](mailto:voice4patients@aol.com) or mail to:

**Consumers for Affordable Health Care Foundation**  
12 Church St., P.O. Box 2490  
Augusta, ME 04338-2490  
[www.maine cahc.org](http://www.maine cahc.org)  
HelpLine: 1.800.965.7476

*"Advocating the right to quality, affordable health care for every man, woman, and child."*