

**Imlay City Family Practice
Social Needs Screen**

This questionnaire is not intended to be intrusive. The goal of the form is to assist our doctor/patient relationship. If we know your needs, we can better help you.

Please check the boxes that apply

- I have been given the form and I choose not to complete it at this time.
- In the last 12 months, I have eaten less food than I feel that I should because there wasn't enough money for food
- In the last 12 months, the utility company has shut off service due to bills not being paid
- I am worried that in the next two months, I may not have housing
- Problems getting child care make it difficult for me to work or study
- In the last 12 months, I have needed to see a doctor but could not because of cost
- In the last 12 months, I have had to go without health care because I didn't have a way to get there
- I need help reading hospital materials
- I am afraid that I might be hurt in my apartment building or house
- I would like to receive assistance with these needs
- My needs are urgent (for example, I don't have food tonight or I don't have a place to sleep tonight)