Women's Wellness Connection

CLIENT PROFILE TOOL

COLORADO
Department of Public Health & Environment

(Internal use)

AGENCY # 76700	CHART #	eCaST ID
ENROLLMENT/RE-ENROLLMENT DATE		

UNINSURED CLIENT: REFERRED FOR INSURANCE (mark all that apply)

- ☐ Medicaid
- ☐ Other: _____
- ☐ Connect for Health Colorado
- ☐ Client not referred

PATIENT INSTRUCTIONS: Please fill in each part below. *Information is required for enrollment into the Women s Wellness Connection program.

IDENTIFICATION

LAST NAME*	FIRST NAME*	MIDDLE NAME*	MAIDEN NAME*
LAST 4 NUMBERS OF YOUR SOCIAL SECURITY NUMBER*		DATE OF BIRTH*	AGE*

WHAT ETHNICTY ARE YOU? CHOOSE ONE BELOW.*

- ☐ I am Latina and/or Hispanic.
- ☐ I am not Latina or Hispanic.
- ☐ I am not sure if I am Latina or Hispanic.

WHAT RACE(S) ARE YOU? CHECK ALL THAT ARE TRUE.*

- ☐ Black/African American
- ☐ White
- ☐ American Indian (Tribe:_____)
- ☐ Asian
- ☐ Alaska Native
- ☐ Aleutian Islander
- ☐ Native Hawaiian
- ☐ Pacific Islander
- ☐ I am not sure
- ☐ Other: _____

ELIGIBILITY

DO YOU HAVE PRIVATE INSURANCE OR MEDICAID?*

- ☐ Yes, I have Medicaid.
- ☐ Yes, I have private insurance.
  Check below if any are true.
  - ☐ But I have a high deductible.
  - ☐ But does not cover cancer
- ☐ No, I do not have private insurance or Medicaid.

DO YOU HAVE MEDICARE?*

- ☐ Yes, I have part A only.
- ☐ Yes, I have parts A and B.
- ☐ No, I do not have Medicare.

To the best of my knowledge, the GROSS MONTHLY (before taxes) income for my household is:*	Number of people living on this income including myself (this may include people not living in you house):*

CONTACT

HOW DID YOU HEAR ABOUT THE WOMEN'S WELLNESS CONNECTION FREE BREAST AND CERVICAL SCREENING EXAMS?

- ☐ Brochure / Poster
- ☐ Newspaper Ad
- ☐ Radio Ad
- ☐ Targeted Community Outreach (TCO)
- ☐ Other

PLEASE PROVIDE THE FOLLOWING ADDRESS WHERE WE CAN REACH YOU:

Mailing Address:

City*	State*	Zip*

County*

Email Address

Emergency Contact
List a phone number and name for someone who could call you if your phone number changes in the future or in an emergency: