

Community Health Worker Services Survey

Name _____ Date _____

Date of Birth _____

Address _____ City _____ Zip _____

County _____ Phone Number _____

Primary Language _____ Race/Ethnicity _____

Are you pregnant? YES NO

If yes, when is your due date? _____

Are you seeing a doctor for your pregnancy? YES NO

Are you parenting? YES NO

Do you have health insurance? YES NO If yes, name of insurance _____

Do you have a primary care doctor? YES NO

Have you had a dental visit in the past 6-11 months? YES NO

I would like more information on or help with:

- | | | |
|--|---|---|
| <input type="checkbox"/> Parenting Resources | <input type="checkbox"/> Primary Care Physician/OBGYN | <input type="checkbox"/> Health Insurance |
| <input type="checkbox"/> Safe Sleep Education | <input type="checkbox"/> Prenatal Planning | <input type="checkbox"/> Family Planning |
| <input type="checkbox"/> Breastfeeding | <input type="checkbox"/> Postpartum Care/Support | <input type="checkbox"/> Birth Control |
| <input type="checkbox"/> Dental Health/Dentist | <input type="checkbox"/> Counseling Services | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Home Safety | <input type="checkbox"/> Food Stamps/SNAP | <input type="checkbox"/> Quitting Smoking |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Resource Information | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Other: _____ | | |

Call to speak to a Community Health Worker today!

315-801-5014 for Oneida County / 315-801-5011 for Herkimer County

Community Health Worker Services
The Neighborhood Center, Inc.
628 Mary Street Utica, NY 13501
Fax: 315.272.2710

Office Use Only:

Date Received _____

Location _____

CHW _____