



THE FOLLOWING INFORMATION WILL HELP YOU USE OUR SERVICES MORE FULLY:

1. Do you require a translator? YES NO

2. Would you like assistance applying for Medicaid or the Healthy Indiana Plan (HIP 2.0)?

YES NO

3. Do you need assistance with transportation to/from our Health Center? YES NO

4. Our patient portal/HEALOW App allows you to access your health records including labs, request medication refills, and communicate with your Provider. **Would you like to sign up?**

Please list your email here: _____

Patient Name _____

DOB: _____

Signature _____

Date: _____

WHN Staff Member: _____

Date: _____