



**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: \_\_\_\_\_