

Health and Wellness Needs

Interested Individual's Information:

First/Last Name: _____ Middle Initial: _____

Street Address: _____

City: _____ Zip Code: _____ Phone: _____

D.O.B. ____ / ____ / ____ Male Female I received this sheet from: _____

I am interested in learning more about the following services. Please check all that apply.

HEALTH AND WELLNESS SERVICES	ADDITIONAL NEEDS
<p>Health Insurance</p> <p><input type="checkbox"/> Assistance in applying for public health insurance (Medicaid, CHIP, WIC, Food Stamps)</p> <p><input type="checkbox"/> Information about accessing affordable health insurance</p> <p>Wellness Services</p> <p><input type="checkbox"/> Affordable fitness centers and classes</p> <p><input type="checkbox"/> Exercise classes for arthritis or osteoporosis</p> <p><input type="checkbox"/> Affordable fitness classes/conditioning for kids</p> <p><input type="checkbox"/> Classes to support me in my effort to manage diabetes, asthma, or other chronic medical condition</p> <p><input type="checkbox"/> Help managing chronic pain</p> <p><input type="checkbox"/> Help to quit smoking</p> <p><input type="checkbox"/> Free Behavioral Health Screenings</p> <p><input type="checkbox"/> Affordable group behavioral health sessions</p> <p>Discounted Medical Services</p> <p><input type="checkbox"/> Affordable doctors visits and/or physical exams</p> <p><input type="checkbox"/> Discounted prescription drugs</p> <p><input type="checkbox"/> Affordable individual counseling</p> <p><input type="checkbox"/> Discounted labs, diagnostics, and screenings</p> <p><input type="checkbox"/> Low-cost physical, occupational, and speech therapy</p> <p><input type="checkbox"/> Affordable home health services</p> <p><input type="checkbox"/> Hearing and/or Vision Exams</p>	<p>Meet with a specialist who can help you access other services you might need.</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Clothing</p> <p><input type="checkbox"/> Credit Counseling/Debt Management</p> <p><input type="checkbox"/> Employment</p> <p><input type="checkbox"/> Food</p> <p><input type="checkbox"/> Financial Advice</p> <p><input type="checkbox"/> Housing</p> <p><input type="checkbox"/> Legal Services</p> <p><input type="checkbox"/> Medical Supplies</p> <p><input type="checkbox"/> Behavioral Health Services</p> <p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Tax Assistance</p> <p><input type="checkbox"/> Vocational Services</p> <p><input type="checkbox"/> Youth and Children's Services</p> <p><input type="checkbox"/> Other: _____</p>
	CONTACT INFORMATION
	<p>I would like someone to contact me with more information about the services I checked: <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Best time to call between the hours of 9a-5p: _____</p> <p>Okay to leave a message? <input type="checkbox"/> Y <input type="checkbox"/> N</p>

*For information or to make a **free and confidential** appointment with a Specialist who can work with you on your individual needs, please contact:*

TONI WESTBROOK
215.863.2322
twestbrook@mercyhealth.org

Providers may fax this form on behalf of a patient to 215.863.2352

Mercy Circle of Care
2821 Island Avenue - Suite 131 - Philadelphia, PA 19153
Phone: 215.863.6100 - Fax: 215.863.2352
www.mercycircleofcare.com