



Sample Clinic Insurance Survey

[county name]
Insurance Survey

Today's Date: ____ / ____ / ____

Patient Age: _____

1. Who are you here for today?

Myself My child someone else Who? _____

2. How many times in the last year did you come to the Health Department for yourself?

Not at all 1 time 2 times 3 to 5 times 6 or more times

3. How many times in the last year did you come to the Health Department for your child?

Not at all 1 time 2 times 3 to 5 times 6 or more times

If you have health insurance, complete *this* section:

4. What is the name of your health insurance?

Medi-Cal Medicare Family PACT
 Medi-Cal Managed Care Name of the plan? _____
 Private Insurance Name of the plan? _____

5. How long have you had this health insurance?

Less than one year 1 to 2 years 3 to 5 years more than 5 years

6. Mark the services your health insurance pays for.

Immunizations Family Planning Physicals Well-Child Visits
 I don't know

If you DO NOT have health insurance, complete *this* section:

7. Did you have health insurance at any time in the past 12 months?

Yes No I don't know

8. If yes to #7, what insurance program did you have?

Medi-Cal Medicare Family PACT
 Medi-Cal Managed Care Name of the plan? _____
 Private Insurance Name of the plan? _____