Open Access

Iris Journal of Nursing & Care

Iris Publishers

Appendix-A

Subject # _____

Demographics

Age **Gender** ☐ Male ☐ Female **Race/Ethnicity** **Primary Language** **English Speaking** ☐ Yes ☐ No

Employment ☐ Yes ☐ No **Insurance Status** ☐ Uninsured ☐ Public ☐ Private

Housing Status: ☐ Own ☐ Rent ☐ Shelter ☐ Homeless

Referral

Date of Referral _____ Referring Provider _____

Specialty

☐ Breast
☐ Cardiology
☐ Dermatology
☐ Endocrinology
☐ Gastroenterology
☐ Gynecology
☐ Ophthalmology
☐ Orthopedics
☐ Podiatry
☐ Pulmonary
☐ Radiology
☐ Surgical services
☐ Other

Diagnosis/Reason for Referral _____

Appointment Received

Clinic/Provider _____

☐ Yes Date of Appointment _____ Date of Notification _____

No Appointment Received

☐ No Reason _____

Appointment Follow Up

Date _____ ☐ Telephone ☐ Clinic Visit

☐ Attended Service(s) Received _____

If missed appointment, indicate reasons

☐Had to pay (financial barriers) ☐Transportation or geographic barriers ☐Had to work (or other time commitments)

☐Language or education barriers ☐ Other _____

Additional Information