

Health Care Reform Passport

I currently get my medications from _____ pharmacy or clinic.

My medications are:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

My primary care provider is: _____ I see him/her at _____ clinic or hospital.

The specialist I see for my major health condition is: _____
I see him/her at _____ clinic or hospital.

Other specialists I see are: _____ I see him/her at _____ clinic or hospital.

I went to _____ clinic/hospital the last time I was very sick.

I get my mental health care at _____ hospital or clinic.

My psychiatrist is _____

My therapist is _____

Some documents I might need to prepare for health care reform are:

- State ID or other form of identification with my picture
- Tax forms – W2 form
- Pay stubs or checks from my job
- Social security card
- Piece of mail such as government mail, phone or utility bill, rent or lease receipt **with my current address**

Under health care reform I think I qualify for _____ health coverage.
(Use the question tree to find out where you fit into health care reform).