

We Ask Because We Care (version 3.0)

Please take a few minutes to answer the following questions.

This is optional. Please just skip any questions that you don't understand or that you are not comfortable with.

You are welcome to discuss this with me before or after you complete the questionnaire.

Your answers will be treated with the same confidentiality as the rest of your medical records.

Please understand that not all of the possible responses for each question can be included. This is in no way a judgement of what responses are more important than others. If you do not see a response that best applies to you, please click 'other' and type your response in the comment section and it will be recognized.

What is Health Equity

Not everyone is the same and some people need help in different ways than others. Health equity means that you will get the care that you need, the way that you need it.

Knowing more about you can help me provide you with **personalized, safe, sensitive, and inclusive care.**

What is your gender?

(cisgender means that your gender is the same as the gender that was assigned to you at birth)

agender	gender non-conforming	genderfluid	genderqueer	intersex	man (cisgender)
man (transgender)	non-binary	pangender	Two-Spirit	woman (cisgender)	woman (transgender)
bigender/multigender	questioning	other	prefer not to answer		

comments

What is your sexual orientation?

asexual	bisexual	gay	heterosexual	lesbian	pansexual	polysexual	queer	questioning
Two-Spirit	more than 1	other	prefer not to answer					

comments

What is your current relationship status?

-
-
-
-
-
-
-
-
-

comments

What languages do you speak?

Indigenous

comments

What is your ethnicity?

ethnicity by country

ethnicity by culture

Indigenous

comments

What is your racial background?

comments

What is your religious affiliation?

-
-
-
-
-
-
-
-
-
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-
-
-
-

comment

What is your citizenship/immigration status in Canada?

-
-
-
-
-
-
-
-
-
-

comments

What education have you completed?

-
-
-
-
-
-
-

comment

What is your current employment situation?

-
-
-
-
-
-
-

comment

What other forms of income do you receive?

comment

What is your current housing situation?

-
-
-
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-
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-
-
-
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-
-
-
-
-
-

comment

Are you able to get healthy meals?

-
-
-
-
-

comment

Are you able to afford the basic needs of daily living?

-
-
-
-
-

comment

Health Insurance

Do you have basic health insurance?

Do you have a drug plan?

Do you have dental insurance?

comment

Do you have any challenges with your mobility?

comment

Are you experiencing any issues with your hearing?

comment

Are you experiencing any issues with your vision?

comment

Do you have any intellectual or developmental challenges?

comment

Do you have any limitations as a result of your physical health?

comment

Do you have any challenges as a result of your mental health?

comment

Do you or others have concerns or take issue with your use of substances?

comment

Is there anything else that could affect the way in which you need to receive health care?

Thank you!

Please let me know if you had any problems doing this questionnaire or if you would just like to talk about it.



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