



# Patient Demographic Questionnaire

You may wonder why we need this information. North Olympic Healthcare Network is a **Federally Qualified Health Center (FQHC)**, a special type of community health center. We offer care to everyone, regardless of age, gender, race, or whether a patient has insurance or can afford to pay.

Your answers on this form help us:

- Understand our patients' social, emotional, and financial needs
- Identify who may benefit from assistance
- Provide high-quality, personalized care
- Fulfill our mission as a community health center
- Meet our reporting requirements as an FQHC

## Your Answers Are Secure

**We keep your answers private and secure.** We only report them in a way that does not identify individuals.

## How to fill out the PDQ

Please read each question carefully and answer as best you can.

If you are filling out the form on behalf of another person (spouse, child, etc.):

- Please complete the **General Information** and **Demographic Information** sections based on the patient's information.
- Please complete the **Housing/Income** section based on the patient's household information.

## Reviewing the PDQ Each Year

Once each year we will ask you to review the information on this form.

If there are no changes, please initial and date in the space at the bottom of the form.

If you need to make changes, please put a line through the previous answer and fill in the check box of the new, corrected answer. Then initial and date in the space at the bottom of the form.

***Thank you for choosing North Olympic Healthcare Network for your healthcare needs!***