Confidential

TYA Healthcare Providers Proxy

Does the patient have a current adult primary care doctor?
○ Yes ○ No
Do you feel like the patient's current primary care doctor is sufficiently meeting their needs?
○ Yes ○ No
Does the patient need assistance or resources to find a primary care doctor?
○ Yes ○ No
Select the specialist(s) the patient is currently seeing
 Dentist Nutritionist Gynecologist/OBGYN None of the above
Select the specialist(s) the patient is currently seeing
 Neurologist Sleep Scpecialist Endocrinologist None of the above
Does the patient feel satisfied with their specialist(s)?
○ Yes ○ No
Does the patient need assistance or resources to find any needed specialist(s)?

 $\bigcirc \mathsf{Yes} \\ \bigcirc \mathsf{No} \\$

