

# TEMPLATE SBHC FACT SHEET

Name: .....

Address Line 1: .....

Address Line 2: .....

## SERVICES OFFERED (EXAMPLE)

- Well Child Visit
- Immunizations
- Alcohol and drug counseling
- Mental health counseling
- Reproductive and sexual health services
- Weight management services
- Chronic disease management
- Support with interpersonal and social issues

## CLIENT PROFILE

Number of client \_\_\_\_\_

Number of visits \_\_\_\_\_

Number of mental health clients \_\_\_\_\_

Mental health visits \_\_\_\_\_

Average number of visits per client \_\_\_\_\_

Insurance status or type of insurance \_\_\_\_\_

Average age \_\_\_\_\_

Percent of clients: Male/Female/Transgender \_\_\_\_\_

Percent of clients: Hispanic \_\_\_\_\_

Percent of clients: African American \_\_\_\_\_

Percent of clients: American Indian \_\_\_\_\_

Percent of clients: Asian \_\_\_\_\_

Percent of clients: Native Hawaiian or Pacific Islander \_\_\_\_\_

Percent of clients: White \_\_\_\_\_

Percent of clients that received a well visit: \_\_\_\_\_

Percent of visits where an immunization was administered: \_\_\_\_\_

Percent of visits with a reproductive health service: \_\_\_\_\_

## STAFF PROFILE (EXAMPLE)

Full time physician .....

Part time physician .....

Full time nurse practitioner .....

Part time nurse .....

Full time nurse .....

Part time nurse .....

Full time social worker .....

Part time social worker .....

Full time administrative assistant .....

Part time administrative assistant .....

## CLIENT SATISFACTION SURVEY RESULTS (EXAMPLE)

Do you routinely administer client satisfaction surveys?

How satisfied are you with the SBHC?

If you did not have an SBHC, would you have another place to receive health care?

## HEALTH INSURANCE PROGRAMS BILLED

- Medicaid
- Children's Health Insurance Program
- Private Insurance