

<p style="text-align: center;">Survey For Which Patients Would You Most Like BHC Services?</p>			
<p>Below is a list of possible high-impact patient groups. Please indicate if each is a low, medium or high priority for BHC involvement.</p> <p>If you would like the BHC to assist you with high-impact patient groups other than those listed here, please indicate what they are.</p>			
Level of Priority for BHC Involvement			
Patient Group	<i>Low</i>	<i>Medium</i>	<i>High</i>
ADHD			
Alcohol			
Anxiety			
Chronic Pain			
Depression			
Domestic Violence			
Family/Parenting			
Diabetes/Metabolic Syndrome			
Overweight/Obese			
Other:			
Other:			
<p>Comments:</p> 			

THANK YOU!

Figure 10.6. Example of a PCP/RN survey concerning patients PCPs/RNs would like BHCs to see.