

The North Shore Primary Care Network

Needs Assessment

Good morning,

We want to better understand how the primary health care system can support *you* as an older adult on the North Shore.

Please share your most pressing health needs and daily challenges. Check any topics below that apply to you, and feel free to add any additional concerns where you would like more support from your family physician.

1. Health needs *(check all that apply)*

- Physical activity: walking, stretching etc.
- Mobility issues: walking, wheelchair use etc.
- Hearing concerns
- Transportation challenges
- Financial concerns
- Access to nutritious food
- Mental health: depression, grief, anxiety etc.
- Social isolation

2. Chronic health conditions *(check all that apply)*

- Diabetes
- Hypertension (high blood pressure)
- Stroke
- Cancer
- Other: _____

Additional notes:
