

## Spark Needs Assessment

To see the Needs Assessment in action, check out our full video guide [HERE](#)

See below for a list of the questions outlined in the Spark Needs Assessment survey.

### **Questions for Prospects:**

1. Personal Info
  - a. Birthdate
  - b. Contact Information
    - i. Email
    - ii. Mobile Phone Number
    - iii. Home Phone Number
  - c. Home Address
    - i. Clients can also add in a separate Shipping Address
  - d. Medicare Information
    - i. Medicare Name (as it appears on Medicare Card)
    - ii. Medicare Number
    - iii. Part A Start Date
    - iv. Part B Start Date
2. Health Insurance
  - a. Health insurance type
    - i. Plans and premiums
    - ii. Estimated time of retiring
3. Prescriptions
  - a. Prescription Name - clients can add as many prescriptions as they need
    - i. Dosage
    - ii. Refill frequency
  - b. Local Pharmacy
  - c. Mail Order option
4. Providers
  - a. Primary Care Physician
  - b. Specialists
  - c. Indicate if help is needed to find a new provider