How You Use Health Care

In the past 12 months, for yourself and each family member:

	For yourself		Spouse/Partner		Child 1		Child 2		Child 3		Total	
Category	#	Your Cost	#	Your Cost	#	Your Cost	#	Your Cost	#	Your Cost	#	Your Cost
Office Visits												
Primary Care												
Specialist												
Other												
Prescriptions (List)												
Outpatient												
Tests												
Procedures												
Emergency Room												
Chiropractic Services												
Physical Therapy												
Occupational Therapy												
Speech Therapy												
Durable Medical Equipment												
Inpatient Hospitalization												
Other (List)												
Total												