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| --- |
| **Section 1: Identifying Information** |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_ Last First MSocial Security No: \_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Clt is homeless nearest cross-streets of location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hrs clt could be found at location: \_\_\_\_\_\_\_\_\_\_Any additional information to locate clt: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OK to send Mail? [ ]  Y [ ]  N Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_ OK to Leave Msg? [ ]  Y [ ] NAssigned Gender at Birth: [ ] M [ ] F Sexual Orientation: [ ] Homosexual [ ] Heterosexual [ ] Bisexual Gender Identity: [ ] Transsexual [ ] Transgender [ ] M->F [ ] F->MPrimary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bilingual English &: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Interview conducted in: [ ] English [ ] Spanish [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship Status: [ ] Married [ ] Single [ ] Domestic Partner [ ] Divorced [ ] Widowed [ ] Separated [ ] Significant Other**Emergency Contacts:** Primary: Secondary: Name: Name: Relationship: Relationship: Phone: Phone: Aware of HIV Status: [ ] Y [ ] N Aware of HIV Status: [ ] Y [ ] NOk to leave messages: [ ] Y [ ] N Ok to leave messages: [ ] Y [ ] N **Clt Referred By**: Union Station: [ ]  Grand View: [ ] Alliance For Housing and Healing: [ ]  Casa De Las Amigas: [ ] Door Of Hope: [ ]  Center For Health Justice: [ ] Other: [ ] Clt reached through outreach event: [ ] Y [ ] N |
| **Section II: Legal Assessment** |
| **Arrests:** [ ] Y[ ] N **Incarcerations**: [ ] Y [ ] N When**:** When: Where: Where: Reason: Reason: **Parole**: [ ] Y [ ] N  **Probation**: [ ] Y [ ] NName: Name: Address: Address: Phone: Phone: Aware of status: [ ] Y [ ] N Aware of status: [ ] Y [ ] N**Clt convicted of sexual offense**: [ ] Y [ ] N **DPOA/5 Wishes For Healthcare Completed**: [ ] Y [ ] N [ ] DeclinesCopy in clt file: [ ] Y [ ] N **DCFS Report:** **[ ]** Y [ ] N **Guardian of Minor Children**: [ ] Y [ ] N Name:  Address: Phone:  **APS Report:** **[ ]** Y [ ] N **Conservator/Guardian**: [ ] Y [ ] N Name: Address: Phone:[ ] **CLT NEEDS REFERRAL TO LEGAL ASSISTNACE**:  |
| **Section III: Financial Assessment** |
| **Financial Source**:[ ]  Employment $/hr: [ ] SSI/SSDI $/mth: [ ] GR $/mth: [ ]  TANIF $/mth: [ ] Unemployment $/mth: [ ] Other: **Is clt employed**: [ ] Y [ ] N Employer: Address: Phone: [ ] Clt is unemployed limited income received through: **Monthly Expenses**: [ ] Housing $: [ ] Utilities $: [ ] Telephone $: [ ] Food $: [ ] Transportation $: [ ] Other:  |
| **Section IV: Benefits Assessment** |
| **Does clt have medical insurance**: [ ] Y [ ] N**If yes, specify**: [ ] Medi-Cal [ ] Medicare [ ] Healthy Way LA [ ] ADAP [ ] Private Insurance **Clt receives medical care at (specify):**[ ] County Clinic [ ] Community Clinic [ ] Hospital Outpatient Clinic/Department [ ] Solo/Group Private Practice (not HMO) [ ] HMO [ ] Other: **Primary MD**:**Infectious Disease MD**:[ ] **Clt does not have medical insurance, clt will be referred to**: **Is clt a Veteran of United States military**: [ ] Y [ ] N If yes, was VA referral provided: [ ] Y [ ] N [ ] Clt Denied **Clt needs referral for the following additional benefits**: [ ] Transportation [ ] Housing [ ] IHSS [ ] Mental Health [ ] Support Groups [ ] Substance Abuse Recovery [ ] Employment [ ] Education [ ] RN [ ] Risk-Reduction [ ] Support Groups [ ] Partner Testing [ ] Food [ ] ADAP  |
| **Section V: Social History**  |
| **Race:** (choose all that apply)[ ] Caucasian [ ]  Black/African American [ ] Asian [ ] Native American/Alaskan Native [ ] Native Hawaiian/Pacific Islander [ ] Other: **Latino/Hispanic:** **[ ] Y** **[ ] N Ethnicity:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Highest Level of Education:** **[ ]** None [ ] Grade 1-8 [ ] Grade 9-11 [ ] Grade 12/GED [ ] Some College/AA/Tech [ ] Bachelor’s Degree [ ] Graduate Degree**Birth Place**: Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Length of time in the USA**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Are you a resident of LA County**: [ ] Y [ ] N**Housing/Living Arrangements:** (choose one)[ ] Permanent [ ] Non-permanent (homeless, transient, transitional) [ ] Institution (residential, health care, correctional) [ ] Other:**If homeless:** (choose one)[ ] Staying with friends or relatives [ ] Shelter [ ] Transitional housing [ ] Living Outside/Sleeping Outdoors [ ] Other: **Primary HIV Exposure Category:** (choose all that apply)[ ] Mother with/at risk for HIV infection [ ] Transfusion [ ] Heterosexual contact [ ] Men who have sex with men [ ] Injection drug use [ ] Hemophilla/coagulation disorder [ ] Other: **Dependent Children:** *Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *[ ] Male* *[ ] Female DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_* **HIV+** **[ ] Y** **[ ] N***Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *[ ] Male* *[ ] Female DOB:\_\_\_\_/\_\_\_\_/\_\_\_\_\_* **HIV+****[ ] Y** **[ ] N***Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Male [ ] Female DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_* **HIV+ [ ] Y [ ] N***Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Male [ ] Female DOB:\_\_\_\_/\_\_\_\_/\_\_\_\_\_* **HIV+[ ] Y [ ] N** |
| **Section VI: Mental Health HX** |
| **Current Treatment Status:** **[ ]** Not applicable [ ] In treatment [ ] Waiting list for treatment [ ] Refused treatment [ ] Completed treatment [ ] Pre-treatment process [ ] Dropped out of treatment [ ] No active treatment [ ] Resumed treatment [ ] Resumed treatment [ ] Other [ ] Unknown**Current Psychiatrist:** **[ ] Y** **[ ] N**Name: Aware of status: [ ] Y [ ] NClient signed consent for communication: [ ] Y [ ] N**Current Psychiatric Medications**: [ ] Y [ ] N Meds: If taking, adherent: [ ] Y [ ] NBarriers to adherence: **Current Psychiatric Diagnosis**: **Current Therapist**: [ ] Y [ ] NName: Aware of Stat**us**: [ ] Y [ ] NClient-signed consent for communication: [ ] Y [ ] N**Past Psychiatric Hospitalizations**: [ ] Y [ ] N **Is the clt experiencing any of the following issues**: (check all that apply)[ ] Anxiety issues [ ] Depression issues [ ] AIDS related dementia issues [ ] Death and dying issues[ ] Body image issues [ ] Disclosure issues [ ] Confidentiality issues [ ] Partner notification issues**Therapist/Support Group/Other Mental Health Support/Referral Needed**: [ ] Y [ ] N **Section VII: Substance Use HX** |
| **Current use/abuse**: [ ] Y [ ] NIf yes, how often (daily, weekly etc.) & how much (ounce, gram, etc): **Substance(s) of choice**: [ ] Alcohol [ ] Cannabis [ ] Heroin [ ] Crack/Cocaine [ ] Meth/Speed [ ] Prescription [ ] Caffeine [ ] Nicotine [ ] Inhalant [ ] GHB/Ecstacy/Ketamine [ ] Hallucinogens [ ] Other: **Current Treatment Status**: **If actively using, practicing harm reduction**: [ ] Y [ ] NInpatient: [ ] Y [ ] NOutpatient: [ ] Y [ ] N**In need of detox or treatment program**: [ ] Y [ ] N**Referral to outpatient**: [ ] Y [ ] N Comments:  |
| **Section VIII: Risk Factors** |
| **Does the clt present any of the following risk factors**: (check all that apply)[ ] Needle sharing [ ] Sex work [ ] Unprotected sex with women [ ] Unprotected sex with men[ ] Sex with HIV+ individual [ ] Sex with IDUComments: **Provided clt with harm reduction strategies**: [ ] Y [ ] N |
| **Section IX: Current Mental Status Examination (MSE)** |
| **Appearance:** Grooming: [ ] Neat/Clean [ ] Disheveled/DirtyHygiene: [ ] Clean [ ] MalodorousAge: [ ] Looks older than age [ ] Looks younger than age**Eye Contact:** [ ] Appropriate [ ] Minimal Erratic [ ] None**Behavior/Motor Activity:** **[ ]** Relaxed [ ] Restless [ ] Pacing [ ] Sedate [ ] Threatening [ ] Catatonic [ ] Posturing [ ] Tremors/Tics [ ] Appropriate to situation [ ] Inappropriate to situation [ ] Other:**Attitude:** **[ ]** Calm**[ ]** Pleasant [ ] Cooperative [ ] Resistant [ ] Defensive [ ] Evasive [ ] Guarded [ ] Suspicious [ ] Demanding [ ] Manipulative [ ] Withdrawn [ ] Hostile [ ] Other: **Speech:** [ ] Slow [ ] Slurred [ ] Increased quantity [ ] Rapid [ ] Soft [ ] Decreased quantity [ ] Clear [ ] Loud [ ] Mumbled [ ] Other: **Mood:** [ ] Normal [ ] Euphoric [ ] Elevated [ ] Depressed [ ] Angry [ ] Irritable [ ] Agitated [ ] Anxious[ ] Apathetic [ ] Pleasant [ ] Unpleasant [ ] Neutral [ ] Fearful [ ] Elated [ ] Sad [ ] Other: **Affect:** [ ] Broad [ ] Restricted [ ] Blunted [ ] Flat [ ] Labile [ ] Appropriate to situation [ ] Inappropriate [ ] Other: **Orientation:** [ ] Person [ ] Place [ ] Time [ ] Situation**Attention:** [ ] Normal [ ] Hyper [ ] Vigilant [ ] Distractible **Concentration:** [ ] Good [ ] Fair [ ] Poor **Memory:** Immediate: [ ] Good [ ] Fair [ ] PoorRecent: [ ] Good [ ] Fair [ ] PoorRemote: [ ] Good [ ] Fair [ ] Poor **Thought Content:** [ ] Ideas of reference [ ] Grandiosity [ ] Phobias [ ] Obsession/Compulsions [ ] Delusions[ ] Depersonalization [ ] Suicidal Ideation [ ] Homicidal Ideations [ ] Preoccupied [ ] Other: **Thought Process:** [ ] Normal [ ] Slow/Inhibited [ ] Rapid/Racing [ ] Circumstantial [ ] Tangential [ ] Blocking [ ] Flight of ideas [ ] Paranoid [ ] Loos Association [ ] Other: **Perception:** Hallucination: [ ] Y [ ] NIf yes, specify: [ ] Auditory [ ] Visual [ ] Olfactory [ ] Gustatory [ ] Tactile [ ] Somatic **Insight:** [ ] Good [ ] Fair [ ] Poor **Impulse Control:** [ ] Good [ ] Fair [ ] Poor  |
| **Section X: Summary/Follow Up On Previously Identified Concerns** |
|  |
| **Section XI: Plan/Identification Of Potential Problems Or Concerns.**  |
|  |
| **Section XII: Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Peer Care Navigator Social Worker Date |

*This publication is part of a series of manuals that describe models of care that are included in the HRSA SPNS Initiative* Building a Medical Home for HIV Homeless Populations*. Learn more at* <http://cahpp.org/project/medheart/models-of-care>