	EALTH CARE FOR THE HOMEL	ESS, INC.		PSYCHOSOCIAL CASE MANAGEMENT ASSESSMENT						
PRESENTING PROBLEM: WHERE STAYED LAST NIGHT: WHERE STAYED LAST NIGHT: HOW LONG HOMELESS HISTORY: HOMELESS HISTORY: FAMILY COMPOSITION: NEXT OF NR CONTACT INFORMATION: WHERE DO YOU GET YOUR FOOD? EMPLOYED? YES NO. IF NOT, LAST FULL-TIME JOR: USUAL OCCUPATION: MULTARY SERVICES? NO YES. SENERITS? NO YES. BENEFITS? NO YES. INCOME? NO YES. INCOME? NO YES. INCOME ADEQUATE TO MEET YOUR NEEDS? NO YES. HIV TEST IN THE PAST IS MONTHS? NO YES. IF YES, WHERE: WHAT WERE THE RESULTS? TORACCO USE? NO YES. AST USE: CORDON USAGE? NO YES. LAST USE: COLORD USAGE NO YES. LAST USE: COLORENT MEDICAL PROBLEMS CURRENT MEDICAL PROBLEMS CURRENT MEDICAL PROBLEMS WHERE TO HOW HAVE PROBLEMS CURRENT MEDICAL PROBLEMS WHERE TO BATE. WHERE TO BATE. THE STOT NO YES. DATE: WHERE WHERE TO BATE. WHERE	OCIAL SECURITY #	AGE	DATE OF BIRTH							
WHERE STAYED LAST NIGHT: HOW LONS HOMELESS? MOMELESS HISTORY: FAMILY COMPOSITION. NEXT OF KIN CONTACT INFORMATION: WHERE DO YOU GET YOUR FOOO? EMPLOYED?		€ C	ONFIDENTIALITY F	FORM SIGNE	D? [YES NO				
HOW LONG HOMELESS? HOMELESS HISTORY: FAMILY COMPOSITION: NEXT OF KAN. CONTACT INFORMATION: WHERE DO YOU GET YOUR POOD? EMPLOYED?	PRESENTING PROBLEM:									
HOW LONG HOMELESS? HOMELESS HISTORY: FAMILY COMPOSITION: NEXT OF KAN. CONTACT INFORMATION: WHERE DO YOU GET YOUR POOD? EMPLOYED?										
HOMELESS HISTORY: FAMILY COMPOSITION: NEXT OF KIN: CONTACT INFORMATION: WHERE DO YOU GET YOUR FOOD? EMPLOYED? YES NO IF NOT, LAST FULL-TIME JOB: USUAL OCCUPATION: EDUCATION: USUAL OCCUPATION: USUAL OCCUPATION: EDUCATION: USUAL OCCUPATION: EDUCATION: USUAL OCCUPATION: U	WHERE STAYED LAST NIGHT:									
FAMILY COMPOSITION: NEXT OF KIN	HOW LONG HOMELESS?									
NEXT OF KINE	HOMELESS HISTORY:									
CONTACT INFORMATION: WHERE DO YOU GET YOUR FOOD? EMPLOYED?	FAMILY COMPOSITION:									
WHERE DO YOU GET YOUR FOOD? EMPLOYED?	NEXT OF KIN:									
WHERE DO YOU GET YOUR FOOD? EMPLOYED?										
SEMPLOYED? YES NO. IF NOT, LAST FULL-TIME JOB:	CONTACT INFORMATION:									
SEMPLOYED? YES NO. IF NOT, LAST FULL-TIME JOB:										
SUBJECTION SUB	WHERE DO YOU GET YOUR FOO	DD?					110			
SUBJECTION SUB	EMPLOYED? TYES TINO	IF NOT LAST	FULL-TIME IOR:							
EDUCATIONAL LEVEL: JOB SKILL TRAINING: MILITARY SERVICES? NO YES. IF YES, EXPLAIN: INSURANCE? NO YES. BENEFITS? NO YES: INCOME? NO YES. IS INCOME ADEQUATE TO MEET YOUR NEEDS? NO YES HIV TEST IN THE PAST 6 MONTHS? NO YES. IF YES, WHERE: WHAT WERE THE RESULTS? TEST CONFIRMED IN CHART? YES NO HOW IMPORTANT IS YOUR SEXUALITY TO YOU?: ANY CONCERNS ABOUT SEXUALITY THAT YOU WANT TO DISCUSS? NO YES. CONDOM USAGE? NO YES. HOW MANY PARTNERS IN PAST SIX MONTHS: TOBACCO USE? NO YES. LAST USE: HEROIN USE? NO YES. LAST USE: ETOH USE? NO YES. LAST USE: HEROIN USE? NO YES. LAST USE: CURRENT MEDICAL PROBLEMS: CURRENT MEDICAL PROBLEMS: URRENT MEPOBLEMS: EVER TRAUMATIZED? NO YES DATE: WHERE: DATE: WHERE: RESULTS:		11 1101, 12101	TOLE TIME GOD.							
MILITARY SERVICES?										
BENEFITS? NO YES: BENEFITS? NO YES: NCOME ADEQUATE TO MEET YOUR NEEDS? NO YES NICOME ADEQUATE TO MEET YOUR NEEDS? NO YES NICOME ADEQUATE TO MEET YOUR NEEDS? NO YES NICOME ADEQUATE TO MEET YOUR NEEDS? NO YES NO HOW IMPORTANT IS YOUR SEXUALITY TO YOU?: NO YES: N										
INCOME NO YES: IS INCOME ADEQUATE TO MEET YOUR NEEDS? NO YES		YESIF YE	ES, EXPLAIN:		1					
HIV TEST IN THE PAST 6 MONTHS?	INSURANCE? NO YES:				BEN	IEFITS? NO VES:				
WHAT WERE THE RESULTS? TEST CONFIRMED IN CHART?	INCOME? NO YES:				IS INCOM	IE ADEQUATE TO MEET YOU	R NEEDS? NO	YES		
HOW IMPORTANT IS YOUR SEXUALITY TO YOU?: ANY CONCERNS ABOUT SEXUALITY THAT YOU WANT TO DISCUSS? NO YES: CONDOM USAGE? NO YES: HOW MANY PARTNERS IN PAST SIX MONTHS: IV DRUG USE? NO YES: COCAINE USE? NO YES. LAST USE: ETOH USE? NO YES. LAST USE: CURRENT MEDICAL PROBLEMS: CURRENT MEDICAL PROBLEMS: CURRENT MH PROBLEMS: CURRENT MH PROBLEMS: TB TEST? NO YES DATE: RESULTS:	HIV TEST IN THE PAST 6 MONTH	s? 🔲 no [YES IF YES, WHERE	<u>:</u>						
ANY CONCERNS ABOUT SEXUALITY THAT YOU WANT TO DISCUSS?	WHAT WERE THE RESULTS?				Т	EST CONFIRMED IN CHAR	T? YES NO			
ANY CONCERNS ABOUT SEXUALITY THAT YOU WANT TO DISCUSS?	HOW IMPORTANT IS YOUR SEXU	JALITY TO YOL	J?:							
TOBACCO USE?	ANY CONCERNS ABOUT SEXUALIT	TY THAT YOU	WANT TO DISCUSS?	NO YES	i:					
COCAINE USE? NO ☐ YESLAST USE: OTHER: LAST USE: ETOH USE? NO ☐ YESLAST USE: OTHER: LAST USE: CURRENT MEDICAL PROBLEMS: LAST USE: VIRAL LOAD: CURRENT MEDS: VIRAL LOAD: OPPORTUNISTIC INFECTIONS: VIRAL LOAD: CURRENT MH PROBLEMS: EVER TRAUMATIZED? ☐ NO ☐ YES TB TEST? NO ☐ YES DATE: WHERE:	CONDOM USAGE? U NO Y	ES:			HOW I	MANY PARTNERS IN PAST S	IX MONTHS:			
ETOH USE? NO YESLAST USE: CURRENT MEDICAL PROBLEMS: CURRENT MEDS: IF HIV+, CD4 COUNT: OPPORTUNISTIC INFECTIONS: CURRENT MH PROBLEMS: EVER TRAUMATIZED? NO YES DATE: WHERE: WHERE: RESULTS:					IV DRUG USE? ☐ NO ☐ YES:					
CURRENT MEDICAL PROBLEMS: CURRENT MEDS: IF HIV+, CD4 COUNT: OPPORTUNISTIC INFECTIONS: CURRENT MH PROBLEMS: EVER TRAUMATIZED? NO YES DATE: WHERE: RESULTS:					HEROIN USE? NO YES. LAST USE:					
CURRENT MEDICAL PROBLEMS: CURRENT MEDS: IF HIV+, CD4 COUNT: OPPORTUNISTIC INFECTIONS: CURRENT MH PROBLEMS: EVER TRAUMATIZED? NO YES DATE: WHERE: RESULTS:	ETOH USE? NO YESLA	AST USE:			OTHER	₹:	LAST USE:			
CURRENT MEDS: IF HIV+, CD4 COUNT: OPPORTUNISTIC INFECTIONS: CURRENT MH PROBLEMS: EVER TRAUMATIZED? NO YES DATE: WHERE: RESULTS:	CURRENT MEDICAL PROBLEMS:	:								
IF HIV+, CD4 COUNT: OPPORTUNISTIC INFECTIONS: CURRENT MH PROBLEMS: EVER TRAUMATIZED? NO YES DATE: WHERE: RESULTS:										
OPPORTUNISTIC INFECTIONS: CURRENT MH PROBLEMS: EVER TRAUMATIZED? NO YES TB TEST? NO YES DATE: WHERE: RESULTS:	CURRENT MEDS:									
CURRENT MH PROBLEMS: EVER TRAUMATIZED? NO YES DATE: WHERE: RESULTS:	IF HIV+, CD4 COUNT:				VIRAL	LOAD:				
EVER TRAUMATIZED? NO YES TB TEST? NO YES DATE: WHERE: RESULTS:	OPPORTUNISTIC INFECTIONS:									
TB TEST? NO YES DATE: WHERE: RESULTS:	CURRENT MH PROBLEMS:									
WHERE: RESULTS:	EVER TRAUMATIZED? NO	YES								
WHERE: RESULTS:	TR TEST? NOTIVES					DATE				
ENT LAST NAME: FIRST: HCH#:	WHEKE:					KESULIS:				
	ENT LAST NAME:			FIRST:			HCH#:			

PSY	CHOSOCIAL CASE MANAGEMENT ASSESSMENT						PG. 2							
	HEP C TEST? ☐ NO ☐ YES				DATE:									
_	WHERE:		RESULTS:											
	MEDICAL CARE/ADHERENCE ASSESSMENT				REGUETO.									
	WHERE DID YOU RECEIVE CARE IN THE PAST?	U RECEIVE CARE IN THE PAST?												
	WHY DID YOU CHANGE TO HCH?													
	HAVE YOU EVER BEEN ON HAART THERAPY? N/A NO YES GIVE SPECIFICS:													
				<u> </u>										
	WHAT HEALTH CARE CONCERNS DO YOU HAVE?	YES	NO											
	UNDERSTANDING AND TAKING MEDICINES			OTHER:										
	KEEPING REGULAR APPOINTMENTS													
	FEELING GOOD ABOUT MY TREATMENT OPTIONS													
	HAVING ALL MY QUESTIONS ANSWERED													
	SEXUALITY ISSUES	JES												
WHAT GETS IN THE WAY OF MEETING YOUR HEALTH CARE GOALS?														
8 LEGAL HISTORY NUMBER OF ARRESTS IN PAST 2 YEARS: CURRENTLY ON PAROLE OR PROBATION? ON PAST 2 YEARS:														
		RRENILY	ON PA	ROLE OR PROBAT	IION? LINO LI Y	ES:		_						
	CHARGES PENDING? ☐ NO ☐ YES:							-						
	OTHER SIGNIFICANT HISTORY:							_						
								-						
9	RELIGIOUS PREFERENCE:	CHUR	CH HON	ME? 🔲 NO 🗌 YE	ES:			_						
	DO YOU CONSIDER YOURSELF SPIRITUAL OR RELIGIOUS?	NO	☐ YES		_			_						
	ANYTHING ABOUT YOUR BELIEFS YOU WANT ME TO KNOW I	N TERMS	OF YO	UR TREATMENT?	NO YES:									
						-								
PERSONAL GOALS:														
	RECREATION GOALS:													
	NEONEATION COMEC.													
11	SOCIAL/COMMUNITY SUPPORTS:													
	WHAT OTHER AGENCIES PROVIDE SERVICES TO YOU?													
	NAME:			SERVICES	PROVIDED:									
AGENCY ADDRESS: CITY: S							ZIP:							
	ARE THERE FAMILY & FRIENDS THAT HELP YOU? NO YES													
			NO \square	VES IF VES DE	SCRIBE:									
	DO YOU WANT THEM INVOLVED IN WHAT WE ARE WORKING ON? IN NO WES IF YES, DESCRIBE:													
12														
	REFERRAL DIAGNOSIS							_						
		TAL HEA			ON SERVICES		INCOME							
	☐ JOB TRAINING ☐ EMP☐ OTHER:	PLOYMEN	Т	L_J HEALTH	INSURANCE		■ MEDICAL CARE							
	DOTHER:													
				NEV	T APPT. DATE:									
CA	ASE MANAGER SIGNATURE	DATE		NEX	H APPT. DATE.									
CO	MMENTS SECTION:				_									
50														