|  |  |  |
| --- | --- | --- |
|  | Public Health DivisionHIV Community Services Program |  |

**Case Management Triage**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client name: |       |  | Date: |    /    /      |

|  |  |
| --- | --- |
| If you received this in the mail, please complete the following questions and return in the enclosed envelope. This will help us address the needs you have at this time. | The Case Manager will follow-up on any “Yes” or “Unsure” checked boxes in this column  |
| 1. Have you had any new diagnoses in the last 12 months?
 | [ ]  No [ ]  Yes |
| 1. Have you missed any doses of medication in the last 30 days?
 | [ ]  No [ ]  Yes |
| 1. Have you had any problems or delays in getting medication?
 | [ ]  No [ ]  Yes |
| 1. In the last six months, did you miss any of your last scheduled medical appointments?
 | [ ]  No [ ]  Yes |
| 1. Have you had any significant changes in your eating habits or lack of appetite in the last 30 days?
 | [ ]  No [ ]  Yes |
| 1. Have you had any unexplained significant weight loss or gain in the last 30 days?
 | [ ]  No [ ]  Yes |
| 1. Has it been more than 12 months since you saw your doctor?
 | [ ]  No [ ]  Yes |
| 1. Has it been more than 12 months since you saw your HIV specialist?
 | [ ]  No [ ]  Yes |
| 1. Has it been more than 6 months since you last had labs?
 | [ ]  No [ ]  Yes |
| 1. Are you experiencing any serious dental issues or pain?
 | [ ]  No [ ]  Yes |
| 1. If you use/chew tobacco or smoke cigarettes, would you like to quit?
 | [ ]  No [ ]  Yes [ ]  N/A |
| 1. Do you have any concerns about your housing?
 | [ ]  No [ ]  Yes |
| 1. Have you been unable to pay for your rent, utilities, transportation or food?
 | [ ]  No [ ]  Yes |
| **Within the past 12 months:**1. Were you worried whether your food would run out before you got money to buy more?

[ ]  Often [ ]  Sometimes [ ]  Never1. The food you bought just didn’t last and you didn’t have money to get more?

[ ]  Often [ ]  Sometimes [ ]  Never | # 14 or # 15 answered “Often” or “Sometimes”?[ ]  No [ ]  Yes |
| 1. Are you receiving SNAP benefits? [ ]  No [ ]  Yes
 | If “No”, qualifies for SNAP?[ ]  No [ ]  Yes [ ]  Unsure |
| 1. Are you uninsured?
 | [ ]  No [ ]  Yes |
| 1. Do you have unpaid medical bills within the last 12 months that are not in collection?
 | [ ]  No [ ]  Yes |
| 1. Would you like assistance obtaining employment or volunteering?
 | [ ]  No [ ]  Yes |
| **During the past two weeks:**1. Have you had little interest or pleasure in doing things? [ ]  No [ ]  Yes
2. Have you felt down, depressed or hopeless? [ ]  No [ ]  Yes
3. If yes to #17 or #18 above, are you regularly seeing a mental health professional?

[ ]  No [ ]  Yes  |  |
| 1. If you are not regularly seeing a mental health professional, do you want a referral or help connecting with your mental health professional?
 | [ ]  No [ ]  Yes [ ]  N/A |
| 1. If you are regularly seeing a mental health professional, have you missed any mental health appointments in the last month?
 | [ ]  No [ ]  Yes [ ]  N/A |
| 25. How many times in the past year have you had 4 or more drinks in a day? | [ ]  None [ ]  1 or more |
| 1. In the past year, have you used a recreational drug other than marijuana or used a prescription medication for non-medical reasons? [ ]  No [ ]  Yes
2. If yes to #26, have you shared needles in the past 6 months? [ ]  No [ ]  Yes
3. If yes to #26 above, are you regularly seeing a substance use professional?

[ ]  No [ ]  Yes [ ]  N/A |  |
| 1. If you are not regularly seeing a substance use professional, do you want a referral or help connecting with your substance use professional?
 | [ ]  No [ ]  Yes [ ]  N/A |
| 1. If you are regularly seeing a substance use professional, have you missed any substance use treatment appointments in the last month?
 | [ ]  No [ ]  Yes [ ]  N/A |
| 1. Have you had unprotected sex in the past 6 months?
 | [ ]  No [ ]  Yes  |
| 1. Would you like to be notified about health education classes when they become available in your area?
 | [ ]  No [ ]  Yes—we will contact you if class is available |
| 1. Would you like to speak to the case manager for any other reason?
 | [ ]  No [ ]  Yes |
| Comments:       |
| 1. List the ways you can be reached for follow-up on “yes” responses above (include new contact information):

[ ]  Phone       [ ]  Email       [ ]  Mail       |
| 1. If number 26 is blank, when will you check in with your Care Manager regarding the “yes” responses?
 |