PUBLIC HEALTH DIVISION
HIV Community Services Program

Oregon Health Authority

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
2. Have you missed any doses of medication in the last 30 days?	☐ No ☐ Yes
3. Have you had any problems or delays in getting medication?	☐ No ☐ Yes
4. In the last six months, did you miss any of your last scheduled medical appointments?	☐ No ☐ Yes
5. Have you had any significant changes in your eating habits or lack of appetite in the last 30 days?	☐ No ☐ Yes
6. Have you had any unexplained significant weight loss or gain in the last 30 days?	☐ No ☐ Yes
7. Has it been more than 12 months since you saw your doctor?	☐ No ☐ Yes
8. Has it been more than 12 months since you saw your HIV specialist?	☐ No ☐ Yes
9. Has it been more than 6 months since you last had labs?	☐ No ☐ Yes
10. Are you experiencing any serious dental issues or pain?	☐ No ☐ Yes
11. If you use/chew tobacco or smoke cigarettes, would you like to quit?	☐ No ☐ Yes ☐ N/A
12. Do you have any concerns about your housing?	☐ No ☐ Yes
13. Have you been unable to pay for your rent, utilities, transportation or food?	☐ No ☐ Yes
Within the past 12 months: 14. Were you worried whether your food would run out before you got money to buy more? ☐ Often ☐ Sometimes ☐ Never 15. 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
16. Are you receiving SNAP benefits? ☐ No ☐ Yes	If "No", qualifies for SNAP? ☐ No ☐ Yes ☐ Unsure
17. Are you uninsured?	☐ No ☐ Yes
18. Do you have unpaid medical bills within the last 12 months that are not in collection?	☐ No ☐ Yes
19. Would you like assistance obtaining employment or volunteering?	☐ No ☐ Yes
During the past two weeks: 20. Have you had little interest or pleasure in doing things? ☐ No ☐ Yes 21. Have you felt down, depressed or hopeless? ☐ No ☐ Yes	

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Question	Response
22. If yes to #17 or #18 above, are you regularly seeing a mental health professional? ☐ No ☐ Yes	
23. 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
24. 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
25. In the past year, have you used a recreational drug other than marijuana or used a prescription medication for non-medical reasons? ☐ No ☐ Yes 26. If yes to #26, have you shared needles in the past 6 months? ☐ No ☐ Yes 27. If yes to #26 above, are you regularly seeing a substance use professional? ☐ No ☐ Yes ☐ N/A	
28. 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
29. 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
30. Have you had unprotected sex in the past 6 months?	☐ No ☐ Yes
31. 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
32. Would you like to speak to the case manager for any other reason?	☐ No ☐ Yes

Comments:

33. List the ways you can be reached for follow-up on "yes" responses above (include new contact information):

☐ Phone ☐ Email

☐ Mail

34. If number 26 is blank, when will you check in with your Care Manager regarding the "yes" responses?