

Health Leads Social Needs Screener

The purpose of this short screening tool is to identify any social or environmental factors, impacting health outcome, outside the office where we may connect available supporting resources.

Patient's Name: _____

Date of Birth: _____

Fill Out by: Mother Father Other; _____

		Yes / No
	In the last 12 months*, did you ever eat less than you felt you should because there wasn't enough money for food?	<input type="checkbox"/> Y <input type="checkbox"/> N
	In the last 12 months, has the electric, gas, oil, or water company threatened to shut off your services in your home?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Are you worried that in the next 2 months, you may not have stable housing?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Do problems getting childcare make it difficult for you to work or study?	<input type="checkbox"/> Y <input type="checkbox"/> N
	In the last 12 months, have you needed to see a doctor, but could not because of cost?	<input type="checkbox"/> Y <input type="checkbox"/> N
	In the last 12 months, have you ever had to go without health care because you didn't have a way to get there?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Do you ever need help reading hospital materials?	<input type="checkbox"/> Y <input type="checkbox"/> N
	I often feel that I lack companionship.	<input type="checkbox"/> Y <input type="checkbox"/> N
	Are any of your needs urgent? For example: I don't have food tonight, I don't have a place to sleep tonight	<input type="checkbox"/> Y <input type="checkbox"/> N
	If you checked YES to any boxes above, would you like to receive assistance with any of these needs?	<input type="checkbox"/> Y <input type="checkbox"/> N

For Internal Staff use Only:

Date: _____

Assistance Needed? Y N

Chart #: _____

Assistance Requested? Y N

Staff Name: _____
