



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

22. If yes to #17 or #18 above, are you regularly seeing a mental health professional? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	
23. If you are not regularly seeing a mental health professional, do you want a referral or help connecting with your mental health professional?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
24. If you are regularly seeing a mental health professional, have you missed any mental health appointments in the last month?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
25. In the past year: Male/male-identified – How many times in the past year have you had 5 or more alcohol drinks in a day? Female/female-identified – How many times in the past year have you had 4 or more alcohol drinks in a day?	<input type="checkbox"/> None <input type="checkbox"/> 1 or more
26. In the past year, have you used a recreational drug other than marijuana or used a prescription medication for non-medical reasons? <input type="checkbox"/> No <input type="checkbox"/> Yes	
27. If yes to #23 above, are you regularly seeing a substance abuse professional? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	
28. If you are not regularly seeing a substance abuse professional, do you want a referral or help connecting with your substance abuse professional?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
29. If you are regularly seeing a substance abuse professional, have you missed any substance abuse treatment appointments in the last month?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
30. Have you had unprotected sex in the past 6 months?	<input type="checkbox"/> No <input type="checkbox"/> Yes
31. Have you shared needles in the past 6 months?	<input type="checkbox"/> No <input type="checkbox"/> Yes
32. Would you like to be notified about health education classes when they become available in your area?	<input type="checkbox"/> No <input type="checkbox"/> Yes—we will contact you if class is available
33. Would you like to speak to the case manager for any other reason?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Comments:	
List all of the ways you can be reached for follow-up on “yes” responses above (include new contact information): <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail	
If you are unable to be contacted by the sources listed above and/or if you do not wish to receive mail, when will you check in with your Case Manager regarding the “yes” responses?	

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