

RYAN WHITE SCREENING FORM

Non-medical case manager-supports are responsible for meeting with and completing this screen with clients semi-annually to identify potential need for medical case management services. All questions should be asked and responses should be documented accordingly. A response of "yes" to any question requires a consultation with a supervisor to determine if the client will be transferred to medical case management for a complete psychosocial assessment.

Date of Screening: ____/____/____

Client Information

Legal First Name: _____

Legal Last Name: _____

Screening Information

Housing

1. Are you currently homeless? Yes No
2. Are you at risk of losing your housing? Yes No

Medical Needs

3. Is there a chance that you or your partner might be pregnant? Yes No
4. Have you had any new diagnoses or medical changes in the last six months? Yes No

If YES: 4a. Please explain. _____

5. Were you hospitalized in the past six months? Yes No

If YES: 5a. What was the reason(s) you were hospitalized? _____

Care and Medication Adherence

6. Have you missed more than one medical appointment in the past six months? Yes No

If YES: 6a. What were the circumstances that caused you to miss these appointments? Yes No

7. Do you have any difficulty getting your prescriptions filled? Yes No

8. Have you missed any HIV medication doses in the past seven days? Yes No

If YES: 8a. What were the circumstances that caused you to miss these doses? Yes No

Mental Health

9. Do you have any current mental health concerns? Yes No

If YES: 9a. Please explain. _____

Substance Abuse

10. Have you used drugs other than for medical reasons? Yes No

11. Have you ever felt you should cut down on your drinking? Yes No

12. Have people annoyed you by criticizing your drinking? Yes No

13. Have you ever felt bad or guilty about your drinking? Yes No

14. Have you ever had a drink first thing in the morning (as an "eye opener") to steady your nerves or get rid of a hangover? Yes No

Safety

15. Do you currently have any personal safety concerns? Yes No

If YES: 15a. Please explain. _____

Non-Medical Case Manager—Support Sign Off

Printed Name

Signature

____/____/____
Date