

Social Determinants of Health Assessment Process – Patient _____

Living situation – do you..

Live alone ☐ No ☐ Yes and if yes is this a concern _____ (Z60.2)
Supportive family ☐ Yes ☐ No, if no is this a concern _____
In your own home ☐ Yes ☐ No
Rent or live with someone who provides housing ☐ No ☐ Yes
Are you concerned about loosing your housing ☐ No ☐ Yes (Z59.82)
Do your appliances work ☐ Yes ☐ No
Do you have good heat ☐ Yes ☐ No, do you need a referral for assistance?
Do you have smoke detectors ☐ Yes ☐ No, referral to local fire station/American Red Cross
Do you need help caring for yourself ☐ No ☐ Yes , in what ways _____
Do you use a cane, walker, wheelchair ☐ No Yes, _____

Food/Nutrition Issues:

Do you worry about having enough food ☐ No ☐ Yes (Z59.41)
Do you rely on a food pantry or assistance program ☐ No ☐ Yes
Is the food you have good for your diet (hypertensive, diabetic, etc.) ☐ Yes ☐ No
Do you cook for yourself and others? ☐ Yes ☐ No
Do you get meals on wheels? ☐ No ☐ Yes
☐ Inappropriate diet and eating habits Z72.4

Transportation needs:

Do you drive? ☐ Yes ☐ No
Do you have access to reliable transportation? ☐ Yes ☐ No (Z59.82)
What do you do when you have an emergency transportation issue? ☐ Yes ☐ No
How do you get to the doctors? Grocery store? Place of worship? ☐ Yes ☐ No
Are you signed up for community transportation ☐ Yes ☐ No
Do you use Uber/Lift or a Taxi? ☐ Yes _____ ☐ No

Utilities:

Are you concerned about having your utilities shut off? ☐ No ☐ Yes (Z59.12)
Do you have a cell phone? ☐ No ☐ Yes and can we text or message to this phone ☐ Yes ☐ No

Social/Family Support Process:

Do you worry about being hurt by someone close to you? ☐ No ☐ Yes _____
Do you have friends/family that you can talk to and provide support? ☐ No ☐ Yes
Do you have any hobbies or outside interests? ☐ No ☐ Yes _____
Do you attend social or community programs? ☐ No ☐ Yes
Do you feel isolated ☐ No ☐ Yes - social isolation Z60.8
History of abuse? ☐ No ☐ Yes Z62.9
Could you use help around the home ☐ No ☐ Yes
Do you have any issues or concerns with your partner/spouse (Z63.0)

Language/Literacy:

What language do you speak a home? _____ (Z71.0 interpreter needs)
Do you read ? ☐ Yes ☐ No (Literacy issues Z55.0)
Do you need help with schooling/ getting a GED or with job training (Needs for schooling Z55.4)
Do you understand your health care issues and needs? ☐ Yes ☐ No (Z55.6 Health care literacy concern)

Work/Employment/School

Do you currently work? ☐ Yes ☐ No ☐ NA

What do you/did you do for a living? _____

Do you want work? ☐ Yes ☐ No ☐ NA

Do you want to go to school/ education ☐ Yes ☐ No ☐ NA

☐ Stressful work Z56.3 ☐ Difficult work environment Z56.36

Finance:

Do you have a bank you use?

What is your source of income – social security, welfare benefits, work

☐ Financial insecurity Z59.86 ☐ Legal concerns Z65.3

Physical activity:

How many days a week do you exercise ☐ None ☐ Daily ☐ Several times a week

How far can you comfortably walk? ☐ Yes ☐ No

What type of exercise do you do? _____

What type of exercise would you like to do? _____

☐ Lack of physical exercise Z72.3 ☐ Sleep issues Z72.820

Habits

Smoke (cigarettes, cigars, pipe, vape) ☐ No ☐ Yes Z72.0

Drink beer, wine or other liquor ☐ No ☐ Yes

Do you use medical marijuana ☐ No ☐ Yes

Do you use any street drugs ☐ No ☐ Yes

PHQ9 - depression rating score

Does this need to be addressed ☐ No ☐ Yes

Assessment Findings and Plan

Date of assessment: _____

Based on the above assessment the following referrals and information has been provided to the patient to help address these concerns:

1. Referral to social service agency _____
2. Referral for counseling services _____
3. Referral for transportation support _____
4. Referral for food support _____

Provided information on 211 for NE Ohio support and help

Office staff person doing assessment and referrals: _____ Date: _____

