



Social Needs Screen

Mercy's Children's Wellness Clinic

Amanda Stice, APRN

Name: _____

Preferred Language _____

MRN: _____

Education Level _____

		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"/>	<input type="checkbox"/>
	In the last 12 months, has your utility company shut off your service for not paying your bills?	<input type="checkbox"/>	<input type="checkbox"/>
	Are you worried that in the next 12 months, you may not have stable housing?	<input type="checkbox"/>	<input type="checkbox"/>
	Do problems getting child care make it difficult for you to work or study? <i>(leave blank if you do not have children)</i>	<input type="checkbox"/>	<input type="checkbox"/>
	In the last 12 months, have you needed to see a doctor, but could not because of cost?	<input type="checkbox"/>	<input type="checkbox"/>
	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"/>	<input type="checkbox"/>
	Do you ever need help reading hospital materials?	<input type="checkbox"/>	<input type="checkbox"/>
	Are you afraid you might be hurt in your apartment building or house?	<input type="checkbox"/>	<input type="checkbox"/>
	If you checked YES to any boxes above, would you like to receive assistance with any of these needs?	<input type="checkbox"/>	<input type="checkbox"/>
	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"/>	<input type="checkbox"/>

Care Team Notes: