

# 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