



## Health + Housing Project – Intake Form

SALESFORCE ID#:

**ENCOUNTER START TIME:** \_\_\_\_\_ : \_\_\_\_\_ \_\_\_\_\_  
HH MM AM/PM

## Section 1: General Information

1. Last Name: \_\_\_\_\_ 2. First Name: \_\_\_\_\_

**2. First Name:**

**4. APT#:**

○ Two Bridges

7. Email:

☐ Other:

9. Family / Support contact – Name:

**11. Family / Support contact Number:**

( ) \_\_\_\_\_

☐ Other

**14. Age:**

☐ Other:

16. US Citizen: ☐ Yes ☐ No

☐ Something else

1

<b>18. Marital Status</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Married  <input type="radio"/> Widowed  <input type="radio"/> Divorced         </div> <div> <input type="radio"/> Separated  <input type="radio"/> Never married  <input type="radio"/> Living with a partner         </div> </div>
<b>19. Do you live alone?</b> <input type="radio"/> Yes <input type="radio"/> No
<b>20. Education – Highest Level Completed</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Never attended school or only attended kindergarten  <input type="radio"/> Grades 1 through 8 (Elementary)  <input type="radio"/> Grades 9 through 11 (Some high school)  <input type="radio"/> 12th grade but no diploma  <input type="radio"/> High school graduate or GED         </div> <div> <input type="radio"/> Some college but no degree  <input type="radio"/> Technical/vocational school certificate  <input type="radio"/> Associate degree  <input type="radio"/> Bachelor's degree  <input type="radio"/> Master's degree, professional degree, or doctorate         </div> </div>
<b>21. a. Have you ever served in the military?</b> <input type="radio"/> Yes <input type="radio"/> No
<b>b. Are you the spouse/dependent or someone who served in the military?</b> <input type="radio"/> Yes <input type="radio"/> No
<b>22. Current Employment Status</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Employed full-time for wages  <input type="radio"/> Out of work for less than one year  <input type="radio"/> Self-employed  <input type="radio"/> A full-time student  <input type="radio"/> Retired  <input type="radio"/> Work Experience Program (WEP)         </div> <div> <input type="radio"/> Employed part-time for wages  <input type="radio"/> Out of work for one year or more  <input type="radio"/> A homemaker  <input type="radio"/> A part-time student  <input type="radio"/> Unable to work         </div> </div>
<b>23a. Current source(s) of income: CHECK ALL THAT APPLY</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Employment  <input type="radio"/> Unemployment insurance  <input type="radio"/> Social security: SSI/SSD/SSA  <input type="radio"/> Public Assistance  <input type="radio"/> Other         </div> <div> <input type="radio"/> Child support  <input type="radio"/> Pension  <input type="radio"/> Family support  <input type="radio"/> Worker's Comp         </div> </div>
<b>b. Other (IF 23a = OTHER, SPECIFY):</b> _____
<b>24. Household Composition (note that this information will be kept confidential)</b> <b>a. Number of adults 18 years or older (including self):</b> _____ <b>b. Number of children under 18 years old:</b> _____
<b>25a. Benefits currently receiving: CHECK ALL THAT APPLY</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Public Assistance  <input type="radio"/> SNAP/Food Stamps  <input type="radio"/> Health Insurance  <input type="radio"/> Pension/retire  <input type="radio"/> Other         </div> <div> <input type="radio"/> Unemployment insurance  <input type="radio"/> Assurance  <input type="radio"/> Lifeline  <input type="radio"/> None         </div> </div>
<b>b. Other (IF 25a = OTHER, SPECIFY):</b> _____

## Section 2: Current Health Status and Services

26. Current/past major medical/health issues (include diagnosis):

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27. Current/past mental health issues (include diagnosis):

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28. Current/past alcohol/drug use and/or treatment history:

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29. Current/past legal issues:

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30. Primary concerns of the RESIDENT:

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31. Current services receiving and from whom:

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32a. Do you have Health Insurance?

☐ Yes

☐ No

b. IF YES (32a = YES), WHAT TYPE? \_\_\_\_\_

**33a. Do you have a Primary Care Doctor?**

☐ Yes

☐ No

*b. IF YES (33a = YES), PROVIDE NAME AND ADDRESS \_\_\_\_\_*

**34a. Do you currently see any specialists?**

☐ Yes

☐ No

*b. IF YES (34a = YES), WHAT TYPE, AND NAME AND ADDRESS OF THE SPECIALIST(S)*

1.

2.

3.

4.

5.

**35. Thinking back over the past 12 months, that is since [SAY DATE ONE YEAR AGO], how many times have you been a patient in an emergency room? \_\_\_\_ TIMES**

**36. Again thinking back over the past 12 months, since [SAY DATE ONE YEAR AGO], how many times have you been hospitalized? That is, how many times have you had to stay overnight in the hospital, including any "observation status" stays or inpatient hospital admissions, but not including just staying overnight in the emergency room? \_\_\_\_ TIMES**

**37a. How many medications are you currently taking? \_\_\_\_\_**

*b. If taking one or more medications, list below:*

	Medication Name	What is it for? (according to resident)	How often do you take it?	Actual prescription (ask to see)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

38. What are some activities you enjoy doing?

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39a. Are there activities you used to enjoy doing that you no longer do now?

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b. If yes, are there any of those activities you would like to start doing again?

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40. Are there new activities you would like to do or learn about?

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41. How motivated do you feel right now to make changes in your life to improve your health?

☐ Not at all motivated   ☐ Slightly motivated   ☐ Somewhat motivated   ☐ Moderately motivated   ☐ Extremely motivated

42. Comments and general observations:

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