

Health Resilience Program - Intake and Goals

Client Name: _____
Client DMAP: _____
DOB: _____

Client Snapshot

Primary Provider of Care: _____
Primary Provider Phone: _____
Primary Provider - Additional Information: _____

Client Phone Number 1: _____
Client Phone Number 2: _____
Client Address 1: _____
Client Address 2: _____
Client Contact Notes: _____

Nice to Know: _____

Client Information

Living Situation at Intake? *(Select One)*
 Permanent Housing Temporary Housing (friend, family mbr, hotel, etc.)
 Transitional Housing (agency sponsored) Homeless (shelter, living on street, camping)
 Other: _____
Living Situation Notes: _____

Source of Income? *(Select One)*
 Employed TANF
 SSI/SSDI No Income
 Other: _____
Source of Income Notes: _____

Readiness for Change? *Select One:* Pre-Contemplative Contemplative Action
Readiness for Change Notes: _____

Medical History Information

Medical Issues? *(Check all that apply)*
 Diabetes COPD
 Chronic Heart Disease/CHF Chronic Pain
 Chronic Liver Disease Asthma
 Kidney Disease GI Issues (Ulcer, Khron's, etc.)
 Fibromyalgia Seizure Disorder
 High Blood Pressure Unknown
 None of the Above Pancreatitis
 Fracture Neuropathy
 SOB Gastroparesis
 Musculoskeletal Pain Withdrawal/Detox/Poisoning
 Dental Pain Unknown
 Cellulites/Abscesses Other: _____
 None of the Above

Medical Issues - Additional Information? _____

Psychosocial History Information

Does Client have a history of... Mental Health Conditions? Yes No Unknown

↳ If YES, is this an active concern? Yes No Unknown

↳ If YES, diagnos(es) present at Referral? *(Check all that apply)*

PTSD Bipolar
 Depression Schizophrenia
 Anxiety Unknown
 Other: _____

Mental Health - Additional Information:

Does Client have a history of... Substance Use? Yes No Unknown

↳ If YES, is this an active concern? Yes No Unknown

↳ If YES, what substance(s)? *(Check all that apply)*

Alcohol Opioids
 Nicotine Cocaine
 Heroin Unknown
 Meth
 Other: _____

SU - Additional Information:

Does Client have a history of... Domestic Violence? Yes No Unknown

↳ If YES, is this an active concern? Yes No Unknown

DV - Additional Information:

Does Client have a history of... Trauma? Yes No Unknown

↳ If YES, is this an active concern? Yes No Unknown

Trauma - Additional Information:

Does Client have a history of... Criminal Justice System Involvement? Yes No Unknown

↳ If YES, is this an active concern? Yes No Unknown

Criminal Justice - Additional Information:

Does Client have a history of... Housing Stability? No Unknown

↳ If YES, is this an active concern? Yes No Unknown

Housing Stability - Additional Information:

Identified Needs

Medical Care

(Check all that apply)

- Access to / Establish with primary medical provider
- Access to / Establish with specialty care provider: _____
- Chronic Condition Management
- Vision needs
- Pain management
- End of life support
- Other *(describe briefly)*: _____
- Medication assistance
- Insurance advocacy / education
- DME Advocacy
- Dental needs

Mental Health / Chemical Dependency

(Check all that apply)

- Referral to / Establish with mental health provider
- Chemical dependency treatment
- Other *(describe briefly)*: _____
- Peer Support

Finances and Daily Living

(Check all that apply)

- Basic needs assistance (food, clothing, etc.)
- Housing stabilization
- ADL support
- Legal system advocacy
- Other *(describe briefly)*: _____
- Employment
- Transportation
- Public benefits advocacy
- Social Isolation

Current Needs - Additional Information?

Goals (1 per form)

Goal Name: _____

Goal Description:

- Goal Type:**
- Physical Health
 - Mental Health
 - Substance Use
 - Housing
 - System Navigation (Ins, DME, ADS, etc.)
 - Legal Involvement
 - Social Supports
 - Hope
 - Income
 - Other: _____

Goal Priority: Primary Secondary

Goal Strategies:

Goal Review Date: _____ Set Reminder

Do you want to close this goal? Yes

↳ What's the goal status at closure?

- Not Compelled
- Partially Compelled
- Fully Compelled

Why?

- Lost Relevance as Case Progressed
- Stalled Out
- Ongoing at Closure
- Other: _____

Goal Closure Notes: