

HCH RESPITE PILOT INITIATIVE
FUNDED BY THE BUREAU OF PRIMARY HEALTH CARE

CLIENT DATA
PAPER COPY OF DATABASE

PLEASE COMPLETE:

Pilot ID _____

*(1=Bakersfield; 2=Dayton; 3=Denver; 4=Ft. Lauderdale; 5=NYC; 6=Portland ME; 7=Portland OR;
8=Salt Lake City; 9=Seattle; 10=St. Louis)*

Client ID _____

Respite Admission # _____

(e.g. 1st, 2nd, 3rd...)

Respite Admission Date ____/____/____

(Date of this admission)

Respite Discharge Date ____/____/____

(Date of exit from program)

Person Completing this Data Form _____

CLIENT INFORMATION

NOTE: BOLD LETTERING INDICATES QUESTION SHOULD BE ASKED VERBATIM.

DATE OF BIRTH: **What is Your Date of Birth?** ____/____/____

GENDER: **Are you male, female, or transgender?** (*Read if necessary: A transgendered person is someone who was born one sex but who lives as the other.*) (✓ one)

Male
Female
Transgender
Unknown

EDUCATION: **What is the highest level of school you have completed or the highest degree you have received?** (✓ one)

<12 Grade
High School Graduate/GED
Vocational/Technical Schooling
Some College
College Graduate
Some Graduate School
Other
Unknown

ETHNICITY: **Are you Hispanic, Spanish, or Latino?** (✓ one)

No
Mexican/Mexican American/Chicano
Puerto Rican
Cuban
Other

RACE: **What do you consider to be your race?** (✓ all that apply)

Black or African American
White
American Indian or Alaska Native
Asian
Native Hawaiian or other Pacific Islander

COUNTRY OF ORIGIN: **In what country were you born?** (✓ one)

United States	Cuba	Middle East	Other Asia
Africa	Dominican Republic	Mexico	Western Europe
Cambodia	Eastern Europe	Puerto Rico	Other
Canada	Europe	Russia	Unknown
Central America	Haiti	South America	
	Jamaica	Vietnam	

REFUGEE: **Do you have official status as a refugee or have an application pending?** (✓ one)

- Yes
- No
- Unknown

MIGRANT/SEASONAL WORKER: **Are you a migrant or seasonal farmworker or agribusiness worker?**
(✓ one)

- Yes
- No
- Unknown

INTERPRETER LANGUAGE: **What is your native language?** _____

INTERPRETER NEEDED?: **Would you like a language interpreter during your stay here?**

- Yes
- No
- Unknown

VETERAN STATUS: **Are you now or have you ever been on active-duty military service in the Armed Forces of the United States or ever been in the United States Military Reserves or the National Guard?** (Note: Active duty in military service does not include training in the reserves or National Guard)

- Yes
- No
- Don't Know/Refused

MILITARY SERVICE STATUS: **If discharged from military service, did you receive an honorable discharge?**
(✓ one)

- Yes
- No
- Don't Know/Refused

IF VETERAN, ERA SERVED: (If yes to veteran status) **During what time period were you a vet?** (✓ one)

- Peacetime
- Gulf War
- Vietnam Era
- Korean War
- WWII

IF VETERAN, SERVED "IN-COUNTRY?": (If yes to veteran status) **Did you ever serve in the country where the conflict occurred?** (✓ one)

- Yes
- No
- Unknown

AGE WHEN FIRST HOMELESS: **How old were you when you first became homeless?** _____

LOCATION WHEN 1ST HOMELESS: **Where did you live when you first became homeless?** (✓ one)

- This city
- This state – another city
- Other state
- Other country
- Unknown

NO. OF TIMES HOMELESS: **How many times have you been homeless?** _____

TIMES HOMELESS THIS EPISODE: **How long (in months) were you homeless before coming here?** (✓ one)

- <1 month
- 1-6 months
- 7-11 months
- 1-3 years
- >3 years

ADMISSION

REFERRAL SOURCE: (*Where client was referred from*) (✓ one)

- | | | |
|---------------------|----------------------|----------------|
| ER/ED | Other Clinic | Shelter |
| Hospital Inpatient | Other Outreach | Drop-in Center |
| Hospital Outpatient | Other | Soup kitchen |
| HCH Clinic | SA/MH/SW/CM | Jail/prison |
| HCH Outreach | Transitional program | Police |
| HCH | Treatment program | Other |
| MH/SA/SW/CM | Self-referred | Unknown |

MEDS SUPPLIED WITH REFERRAL: (*Client arrived with medication supply – ✓ box if yes*)

EXPECTED LENGTH OF STAY IN RESPITE (*Number of days client is expected to be in respite program*)

HOUSING STATUS: **Where did you sleep last night?** (✓ one)

- | | | |
|---------------------|----------------------|---------|
| Abandoned building | Prison/jail | Vehicle |
| Doubled up | Shelter | Other |
| Hospital | Street/camp | Unknown |
| Hotel/Motel | Transitional housing | |
| Own house/apartment | Treatment program | |

FAMILY STATUS: **Are you now: Married, Widowed, Divorced, Separated, Never Married, or Living with a partner?** (✓ one)

- Married
- Widowed
- Divorced
- Separated
- Never married
- Living with a partner
- No response

ACCOMPANIED: (*Was client accompanied in the respite program with any family members?*) (✓ one)

- Alone
- With Partner
- With Child(ren)
- With Partner and Child(ren)
- No response

ER/ED VISITS LAST 30 DAYS: (*How many times has client used ER/ED in the last 30 days?*)
_____ times

DAYS HOSPITALIZED LAST 30 DAYS: (*How many days has client spent hospitalized in the last 30 days?*)
_____ days

PSYCH: (*Does client have any psychiatric problems?*) (✓ one)

- Documented dx
- Suspected – no dx yet
- No problem
- Unknown

EVER HOSPITALIZED FOR MH: (*Was the client ever hospitalized for a psychiatric problem?*)

✓ box if yes

ALCOHOL: (*Does client have a current alcohol problem?*) (✓ one)

- Documented dx
- Suspected – no dx yet
- No problem
- Unknown

EVER IN TX FOR ALCOHOL: (*Was the client ever in a treatment program for an alcohol problem?*)

✓ box if yes

DRUGS: (*Does client have a current drug problem?*) (✓ one)

- Documented dx
- Suspected – no dx yet
- No problem
- Unknown

EVER IN TX FOR DRUGS: (*Was the client ever in a treatment program for a drug addiction?*)

✓ box if yes

DISCHARGE

REASON FOR EXIT: (*Reason for exit from program*) (✓ one)

- Completed treatment
- Admin. discharge
- Left AMA
- AWOL
- Admitted to hospital
- Death
- Other
- Unknown

HOUSING STATUS: (*Housing status at time of exit*) (✓ one)

- | | | |
|----------------------|--------------------|---------|
| Acquired housing | Hospital | Street |
| Transitional program | Nursing home | Other |
| Friends or family | Shelter | Unknown |
| Hotel/Motel | Entered tx program | |

CLINICIAN ASSESSMENT OF PROGRAM’S GENERAL BENEFITS TO CLIENT

(Please ✓ one: : Physician Nurse Social worker/Counselor)

(✓ all that apply)

- Learned to manage health condition(s) (*Learned to manage health condition(s) – “self-care”*)
- Benefited from social interaction (*Client benefited from social interaction with staff and/or other clients*)
- Benefited from respite environment (*Client benefited from the respite environment (nutrition, safety, security, etc.)*)
- Decided to enter tx program (*Client made decision to enter residential tx program for substance abuse*)

COMMENTS: (*Additional comments regarding how client has benefited*)

SEVERITY RATINGS

	ICD 9 CODES	SEVERITY RATING**	
		AT ADMISSION	AT DISCHARGE
Primary Admitting DX			
Primary Discharge DX			
Additional known diagnoses or pre-existing conditions, include both medical and psychiatric			
NEW diagnoses made during respite stay, include both medical and psychiatric			

** Codes for all Severity ratings and Status reporting are as follows:

- 0 – asymptomatic, no tx needed,
- 1-Sx well controlled with current tx
- 2-Sx controlled with difficulty – must monitor
- 3-Sx poorly controlled – frequent tx/rx adjustment
- 4-Sx poorly controlled – hx of rehospitalization

SOURCE OF HEALTH CARE		
	AT ADMISSION	AT DISCHARGE
Enrolled in managed care <i>(Health care – of whatever source – provided through managed care plan at time of admission and discharge)</i>		
Has regular source of primary care <i>(Client has regular source of primary care established at time of admission and discharge)</i>		

SOURCE OF HEALTH INSURANCE		
	AT ADMISSION	AT DISCHARGE
No insurance		
Medicaid		
Medicare		
Other public plan <i>(has insurance through a local/state-financed plan)</i>		
VA		
Private Insurance		
Other (please specify: _____ _____		

SOURCES OF INCOME		
	AT ADMISSION	AT DISCHARGE
None		
SSI – Supplemental Security Income		
SSDI - Disability		
SSA/Retired <i>(receiving social security - retired)</i>		
General assistance/other public assistance		
TANF <i>(Temporary Aid to Needy Families, formerly AFDC, aka welfare)</i>		
Food stamps		
Family/friends		
VA benefits		
Pension/trust		
Child support		
Unemployment		
Workers comp		
Employed		
Student		
Job training		

NUMBER OF MEDICAL ENCOUNTERS DURING STAY			
Medical services provided by...	On-Site	Off-Site	Referral
MD (<i>Medical Doctor</i>)			
NP/PA (<i>Nurse Practitioner/Physicians' Assistant</i>)			
RN (<i>Registered Nurse</i>)			
LPN (<i>Licensed Practical Nurse</i>)			
Med Asst (<i>Medical Assistant</i>)			

* **On-Site:** service provided on-site or at HCH clinic or at parent clinic; **Off-Site:** service provided off-site (at HCH clinic or affiliated clinic); **Referral:** service provided through referral to unrelated organization

NUMBER OF OTHER ENCOUNTERS DURING STAY			
Medical services provided by...	On-Site	Off-Site	Referral
Dentist			
Hygienist (<i>Dental care provided by hygienist</i>)			
Med detox (<i>Medical detox provided</i>)			
Non-med detox (<i>Non-medical or social detox provided</i>)			
SA-individual (<i>Substance abuse services provided to individual</i>)			
SA-group (<i>Substance abuse services provided in group</i>)			
MH-MD (<i>Mental health services provided by psychiatrist</i>)			
MH-psych NP (<i>Mental health services provided by psychiatric nurse practitioner</i>)			
MH-counseling (<i>Mental health services provided individually</i>)			
MH-group (<i>Mental health services provided in group</i>)			
Case mgmt (<i>Case management or social services encounters</i>)			
Physical therapy			
Job/Educ (<i>Employment or education services provided</i>)			

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OF MEDICATIONS PRESCRIBED AND PROVIDED DURING RESPITE STAY _____

TREATMENTS PROVIDED DURING STAY (✓ all that apply)

Narcotics
Oxygen
PPD Test Placed
PD Read

HIV Test
Hep B Vaccine
Hep A Vaccine
Flu Vaccine
Pneumovax

Other immunizations updated