ThedaCare: Community Paramedicine Pilot Health Assessment

1. Spiritual/cultural
   □ Yes  □ No

2. Health maintenance providers
   □ Primary care provider
   □ Specialty care provider
   □ At-home service
   □ Complex care team
   □ Community paramedic
   □ Social worker

3. Patient barriers
   □ No barriers
   □ Transportation
   □ Vision
   □ Disease state
   □ Other
   □ Financial
   □ Cognitive disability
   □ Emotional
   □ Family
   □ Caregiver
   □ Language
   □ Cultural
   □ Pain

4. Patient exercises. If yes, frequency: ____________ duration: ____________
   □ Yes  □ No

5. Current diet
   □ As tolerated
   □ Low cholesterol
   □ No restrictions
   □ Diabetic diet
   □ General
   □ No caffeine
   □ Special formula/diet
   □ Other
   □ Low fat
   □ No added sodium
   □ TPN

6. Patient’s perceived health
   □ Good health
   □ In mild distress
   □ Is appropriately interactive
   □ Is alert
   □ In moderate distress
   □ In severe distress
   □ In no apparent distress
   □ Other

7. Caregiver’s perceived health
   □ Good health
   □ In mild distress
   □ Is appropriately interactive
   □ Is alert
   □ In moderate distress
   □ In severe distress
   □ In no apparent distress
   □ Other

8. Medications effective
   □ Yes  □ No

9. Medication concerns ____________________________

ABOUT THIS SOCIAL DETERMINANTS OF HEALTH ASSESSMENT TOOL

This resource is a companion to the Center for Health Care Strategies’ brief, Screening for Social Determinants of Health in Populations with Complex Needs: Implementation Considerations. The brief examines how organizations participating in Transforming Complex Care (TCC), a multi-site national initiative funded by the Robert Wood Johnson Foundation, are assessing and addressing social determinants of health for populations with complex needs. To download the brief and view additional assessment tools, visit www.chcs.org/sdoh-screening/.
10. **Patient’s ambulation**
   - □ Ambulatory
   - □ Wheelchair
   - □ Cart
   - □ Cane
   - □ Walker
   - □ Other

11. **Fear of falling**
   - □ Yes
   - □ No

12. **Frequency of falls**
   - □ Never
   - □ Rarely
   - □ Infrequently
   - □ Occasionally
   - □ Daily
   - □ Other

13. **Tripping hazards in home**
   - □ Yes
   - □ No

14. **Tripping hazards present**
   - □ Throw rugs
   - □ Cords/cables
   - □ Clutter
   - □ Thresholds
   - □ Other

15. **Focus of today’s visit**
   - □ Medication
   - □ Sepsis education
   - □ Blood sugar logs
   - □ Social services
   - □ Wound education
   - □ Diabetic education
   - □ Diabetic foot logs
   - □ Other
   - □ Pneumonia education
   - □ CHF/weight/BP education
   - □ Wound care

16. **Education and resources given to patient**
   - □ Wound
   - □ Diabetes
   - □ LEAVEN
   - □ Pneumonia
   - □ CHF/Weight/BP
   - □ Food pantry
   - □ Sepsis
   - □ ADRC
   - □ Other

17. **New barriers identified**
   - □ No barriers
   - □ Transportation
   - □ Vision
   - □ Disease state
   - □ Other
   - □ Financial
   - □ Cognitive disability
   - □ Emotional
   - □ Family
   - □ Caregiver
   - □ Language
   - □ Cultural
   - □ Pain

18. **Life hazards**
   - □ No employment
   - □ No transportation
   - □ Fire concerns (home)
   - □ Noise (community)
   - □ Seatbelt use (transportation)
   - □ Other
   - □ No home
   - □ Inhalants (employment)
   - □ Air pollution (home)
   - □ Clean water (community)
   - □ Vision (transportation)
   - □ No community
   - □ Noise (employment)
   - □ Clutter (home)
   - □ Air pollution (community)
   - □ Vehicle (transportation)

19. **Transportation screening completed**
   - □ Yes
   - □ No