



SCREENING FORM FOR SHELTER AND OUTREACH REFERRAL

Please review all of the conditions and check “Yes” or “No” in the boxes provided. If one answers, “No”, to any *unshaded* items, among the screening criteria, this patient is medically inappropriate and cannot be referred for shelter or outreach placement.

CLINICAL CRITERIA

YES NO

FUNCTIONAL CAPACITY:

ADLs	Able to toilet, bathe, dress, and feed self independently	<input type="checkbox"/>	<input type="checkbox"/>
Catheters	Able to manage, independently, care of indwelling catheters of any sort (e.g., any central line; PICC; suprapubic; PEG)	<input type="checkbox"/>	<input type="checkbox"/>
	Able to manage, independently, care of external catheters (e.g., Foley), including timely replacement of same.	<input type="checkbox"/>	<input type="checkbox"/>
Communication	Able to communicate needs adequately. Able to understand verbal or ASL requests.	<input type="checkbox"/>	<input type="checkbox"/>
Incontinence	Able to manage bowel and/or bladder regimen, independently, without the use of diapers.	<input type="checkbox"/>	<input type="checkbox"/>
Medication Admin	Able to self-administer all medications. Exceptions may be assumed for clients returning to mental health shelters or select special population shelters.	<input type="checkbox"/>	<input type="checkbox"/>
e.g., IDDM	Able to self-administer insulin	<input type="checkbox"/>	<input type="checkbox"/>
	Able to monitor and gauge sliding scale insulin requirement	<input type="checkbox"/>	<input type="checkbox"/>
Mobility Impairment	Able to ambulate, independently (canes, crutches, walkers, & wheelchairs permitted)	<input type="checkbox"/>	<input type="checkbox"/>
	Able to transfer, independently (from wheelchair to toilet/bed)	<input type="checkbox"/>	<input type="checkbox"/>
	Able to arise from seated position or from bed (does not require turning/repositioning)	<input type="checkbox"/>	<input type="checkbox"/>
Ostomy care	Able to perform ostomy-related care, independently	<input type="checkbox"/>	<input type="checkbox"/>
Wound care	Able to perform wound care, independently, or requires no more than QD/BID VNS visit (arranged by the hospital). Exceptions include the following:	<input type="checkbox"/>	<input type="checkbox"/>
Burns	Incompletely healed or s/p skin grafts, requiring extensive dressing changes/care		
Weeping wounds	Excessive discharge from wounds, saturating dressings, creating public health risk to others		

MENTAL CAPACITY:

Cognitive impairment	Meets criteria for dementia, delirium, or has major cognitive deficits (of any etiology), especially, in areas of immediate/ short-term memory, concentration, and/or ability to learn, due to other neuropsych disorders (i.e. amnesic syndromes, s/p TBI, SDH, CVA, MR, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
Decisional Capacity	Has full decisional capacity re: treatment and disposition decisions	<input type="checkbox"/>	<input type="checkbox"/>

SCREENING FORM FOR SHELTER AND OUTREACH REFERRAL (continued)

CLINICAL CRITERIA YES NO

IMMUNOSUPPRESSION:

Immuno-competence	Immuno-competent and able to tolerate congregate living conditions, including congregate dining, bathrooms, and dormitories. Exceptions include:	<input type="checkbox"/>	<input type="checkbox"/>
AIDS	Meets CDC criteria (CD4<200 or opportunistic infection). Refer to HRA HASA.		
Cancer	If extensively metastatic, or if patient is undergoing in/outpatient chemotherapy or radiation, with significant risk of immunosuppression and side effects of treatment		

SPECIFIC CLINICAL CRITERIA:

Arson	Known history of recent fire-setting, especially, if in congregate settings or in response to command auditory hallucinations	<input type="checkbox"/>	<input type="checkbox"/>
Cranial Halo Devices	Cranial halo device or other stabilizing/protective gear, worn continuously	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	Chronic diarrheal illness or conditions resulting in explosive diarrhea, fecal incontinence, or requiring the use of bedpan/commode	<input type="checkbox"/>	<input type="checkbox"/>
Diet	Requires regular or ADA diet, only. (Shelters have limited and variable ability to provide renal diets; there is <u>no</u> availability of pureed, soft mechanical, or liquid diets.)	<input type="checkbox"/>	<input type="checkbox"/>
Medical Equipment	Need for infusion pumps or ventilator	<input type="checkbox"/>	<input type="checkbox"/>
	Independent in use of all other medical equipment (suctioning devices, nebulizers, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen	Adequate saturation on room air.	<input type="checkbox"/>	<input type="checkbox"/>
	Requires home or portable oxygen.	<input type="checkbox"/>	<input type="checkbox"/>
Tubes	Free of tubes (e.g. NGT) or drains of any sort (even if they are clamped)	<input type="checkbox"/>	<input type="checkbox"/>

STREET HOMELESS PATIENTS ONLY: VULNERABILITY ASSESSMENT

Please review all of the conditions and check "Yes" or "No" in the boxes provided; responses can come from hospital records and/or client report.

	Y	N
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
History of frostbite, hypothermia or immersion foot	<input type="checkbox"/>	<input type="checkbox"/>
Chronic liver disease	<input type="checkbox"/>	<input type="checkbox"/>
Arrhythmia	<input type="checkbox"/>	<input type="checkbox"/>
Over 60 years of age	<input type="checkbox"/>	<input type="checkbox"/>
Three or more hospitalizations in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
Three or more ER visits in the past 3 months	<input type="checkbox"/>	<input type="checkbox"/>

STATEMENT REGARDING MEDICAL APPROPRIATENESS FOR SHELTER

I, _____, the Physician/Nurse Practitioner/Physician's Assistant (circle one), caring for this patient, attest that the answers to the above items accurately reflect the patient's condition. This patient meets all screening criteria, above, and is medically appropriate for shelter or outreach placement.

(Name of Physician/NP/PA)

(Date)

(Contact number)