




Sidney Kimmel Medical College (Thomas Jefferson University) – Clinical Experience Screening Form





Date:	Patient Name/MRN:
Student Name:	Phone number (+screen):
Clinical Site:	Preferred Language (+screen):
CHW Name:	Best time to call for follow-up (+screen):

Yes No

	<p>In the last 12 months, did you ever skip medications to save money?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Why do miss any of your prescribed medications? Can you list the medication(s) you tend to miss? <i>(the clinical team will want to know this)</i> Do you have a prescription plan (benefits)? <ul style="list-style-type: none"> If yes – <ul style="list-style-type: none"> Can you afford the co-pays? Do you know if you go to your preferred pharmacy? If no – <ul style="list-style-type: none"> Do you use any prescription discount programs? <i>(e.g. GoodRx)</i> 			
	<p>In the last 12 months, have you ever had to go without health care because you did not have a way to get there?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> How do you generally get to your doctors' appointments? <i>(public transportation, car, etc.)</i> Do you need assistance getting to your appointments? If yes, please describe your needs. Have you ever enrolled in transportation assistance programs? <ul style="list-style-type: none"> If yes – which one and what is the status of the application? Do you know if your health insurance has a transportation benefit? <i>(some insurance plans offer transportation services)</i> 			
	<p>In the last 12 months, did you ever eat less than you felt you should because there was not enough money for food?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Are you receiving SNAP/Food Stamps from the County Assistance Office/Welfare? <ul style="list-style-type: none"> If yes – What is your benefit amount? <ul style="list-style-type: none"> Is the benefit enough to feed yourself/family? If no – What zip code do you live in? <ul style="list-style-type: none"> Have you ever been denied assistance? Why were you denied? Where do you shop for food? <ul style="list-style-type: none"> Grocery store, corner store, dollar store? Are they in walking distance? Does shopping involve using public transportation? <i>(older/disabled pts may qualify for CCT)</i> <ul style="list-style-type: none"> Is shopping physically demanding for you? If yes, who assists you? Would you like information for food banks, food pantries or community food resources? 			

Sidney Kimmel Medical College (Thomas Jefferson University) – Clinical Experience Screening Form

Yes No

	<p>Are you worried that in the next 2 months, you may not have stable housing?</p>	<input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> • What is your current housing status – homeless, paying a mortgage, paying rent? <ul style="list-style-type: none"> ○ Are you at risk for eviction, or foreclosure? ○ Have you sought legal assistance or any other programs? • Are you currently enrolled in any supportive housing programs? <ul style="list-style-type: none"> ○ Do you have a plan should you lose your housing? • If a patient is homeless (please involve CHW or SW), you might ask the following: <ul style="list-style-type: none"> ○ How long have you been homeless? ○ Do you have a safe place to go tonight? ○ Where did you sleep last night? ○ Are you interested in coming in off the streets? ○ Are you interested in shelter services such as a safe haven? ○ Are you a Veteran? ○ Do you have a way to get to any of these places? 		
	<p>In the last 12 months, has your utility company threatened to shut off your service for not paying your bills?</p>	<input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> • Which utility are you referring to (gas, water, or electric)? • What is the current status of your utilities – are they past-due, final notice, or shut off? • Have you applied for any assistance programs? <ul style="list-style-type: none"> ○ If yes – What program have you applied for? <ul style="list-style-type: none"> ▪ Do you know the status of the application? 		
	<p>Do you need a primary care doctor? (<i>document current provider name/location/phone</i>)</p>	<input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> • If the patient has medical insurance – Are you interested in being seen by a Jefferson primary doctor? 		
	<p>Do you need health insurance?</p>	<input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> • What card do present when you see your doctor or pick up medications? (<i>patient may have insurance and is not aware of it</i>) <ul style="list-style-type: none"> ○ What card is it? (<i>have them describe it</i>) – document the insurance • Would you like some information on how to obtain insurance? 		