Social Needs Screening

Parents/Guardians: If you are comfortable, please take a moment to answer the following questions so that we can help connect you with local community resources. Our staff is ready to answer any additional questions that you may have.

Name: _____ **Date of Birth**: _____

Completed By (if not patient): _____ **Phone Number:** _____

Physician Name: _____ **Visit Date:** _____

Please check ☑ Yes or No to the following questions:

		Yes	No
1.	In the last 12 months, have you needed to see a doctor, but could not because of cost?	○	○
2.	In the last 12 months, have you ever had to go without health care because you didn't have a way to get there?	○	○
3.	Are you unemployed or without regular income?	○	○
4.	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?	○	○
5.	In the last 12 months, has the electric, gas, oil, or water company threatened to shut off your services in your home?	○	○
6.	Do problems getting child care make it difficult for you to work or study? (leave blank if you do not have children)	○	○
7.	Are you worried that in the next 2 months, you may not have stable housing?	○	○
8.	Do you feel unsafe in your daily life?	○	○
If you checked Yes to any boxes above, **would you like to receive assistance** with any of these needs?		○	○
Are any of your needs urgent? For example: I don't have food tonight, I don't have a place to sleep tonight		○	○

FOR OFFICE STAFF ONLY

Question #:_____ ☐ Assessment ☐ Referral ☐ Education

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PED Screening tool has been adapted from the *Health Leads Social Needs Screening Survey* and *Well Rx Toolkit*