Single page screener of health and social needs

Consumer administered

Purpose: to assist service providers to screen for a consumer's needs.

Consumer

Name:

Date of Birth: dd/mm/yyyy / /

Sex:

UR Number:

or affix label here

Please complete the following details to help us get to know you and provide you with the best possible service.

Your participation in completing this questionnaire is voluntary, and we treat your information in the strictest confidence, in accordance with privacy legislation.

What is the main reason you are here today?

The following statements are examples of things that may be problems/issues for people**. Please tick any of the statements which apply to you, and tick any items you would like to discuss.** Ignore any statements that do not apply to you. Give the completed form to your service provider at the start of your appointment.

Question	(tick✓)	I would like to discuss this (tick ✓)
I have difficulty with daily tasks (such as getting dressed, showering or preparing meals).	☐	☐
I have been told by a doctor or other health professional that I have a health condition (for example arthritis, high blood pressure, diabetes, heart disease, a cancer, osteoporosis, asthma, lung disease, chronic kidney disease or other condition).	☐	☐
I have recently had problems with my teeth, mouth, gums or dentures.	☐	☐
I am concerned about my medications.	☐	☐
I am concerned about my lack of physical activity.	☐	☐
I am concerned about my weight.	☐	☐
I have recently lost weight without trying.	☐	☐
I currently smoke tobacco.	☐	☐
I have quit smoking tobacco in the last 5 years.	☐	☐
I am concerned about how much alcohol I drink.	☐	☐
I am concerned about my use of drugs.	☐	☐
I am concerned about my gambling.	☐	☐
My financial situation is very difficult.	☐	☐
I often feel sad or depressed.	☐	☐
I often feel nervous or anxious.	☐	☐
I have felt afraid of someone who controls or hurts me.	☐	☐
I am homeless or at risk of homelessness.	☐	☐
I would rate my health as poor.	☐	☐
I would rate my life circumstances as poor.	☐	☐

Produced by the Victorian Department of Health, 2012

This information collected by:

Name: Position/Agency:

Sign: Date: dd/mm/yyyy / / Contact number: