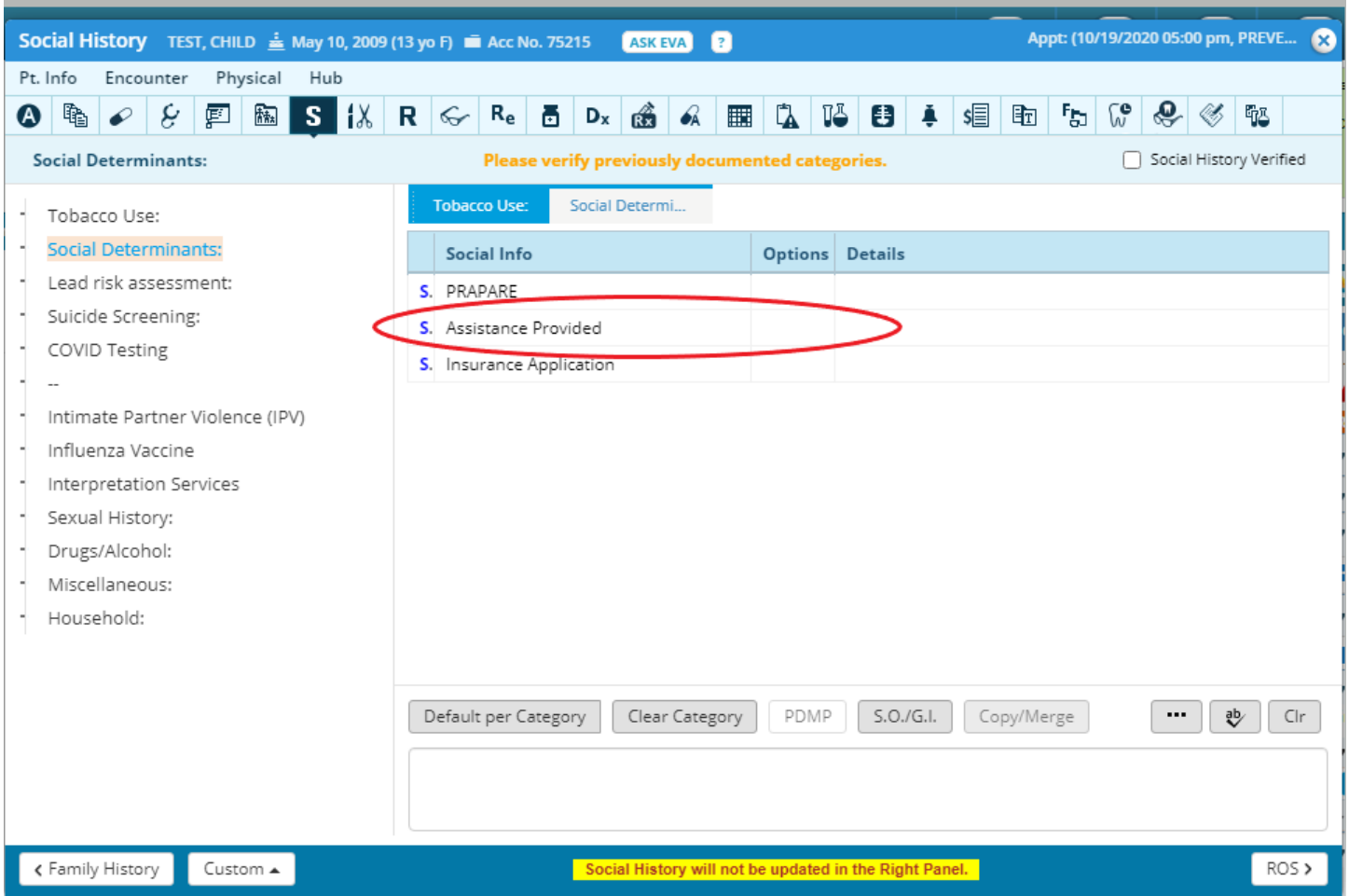


Care Coordination Documentation- Assistance Provided

1. Progress Note > Social History > Social Determinants > Assistance Provided



Social History TEST, CHILD May 10, 2009 (13 yo F) Acc No. 75215 ASK EVA ? Appt: (10/19/2020 05:00 pm, PREVE...)

Pt. Info Encounter Physical Hub

Social Determinants: Please verify previously documented categories. Social History Verified

Tobacco Use: **Tobacco Use:** Social Determi...

| Social Info | Options | Details |
|--------------------------|---------|---------|
| S. PRAPARE | | |
| S. Assistance Provided | | |
| S. Insurance Application | | |

Default per Category Clear Category PDMP S.O./G.I. Copy/Merge ... ab Clr

< Family History Custom Social History will not be updated in the Right Panel. ROS >

2. Once you identify which area of assistance you helped the patient with you will change your value to Yes and then select the value for that action. Examples of the Actions or types of assistance options are below.

Care Coordination Documentation- Assistance Provided

Social History | Notes: Assist... TEST, CHILD | May 10, 2009 (13 yo F) | Acc No. 75215 | App: (10/19/2020 ...)

Default | Default For All | Clear All

| Name | Value | Notes |
|-----------------------------------------------------------------|-------|-------|
| <input type="checkbox"/> Health Insurance | Yes | |
| <input type="checkbox"/> Action Taken: | | |
| <input type="checkbox"/> Social Security Disability | | |
| <input type="checkbox"/> Food Stamps | | |
| <input type="checkbox"/> Housing/Shelter Assistance | | |
| <input type="checkbox"/> Employment Assistance | | |
| <input type="checkbox"/> Food Assistance | | |
| <input type="checkbox"/> Child Care | | |
| <input type="checkbox"/> Translation/Interpretation | | |
| <input type="checkbox"/> Medication Assistance/Medical Supplies | | |
| <input type="checkbox"/> Transportation | | |
| <input type="checkbox"/> Financial Difficulties | | |
| <input type="checkbox"/> Copay Assistance | | |
| <input type="checkbox"/> WIC Assistance | | |
| <input type="checkbox"/> Referrals to Community Partners | | |

Prev | Next | OK | Cancel

Custom | Social History will not be updated in the Right Panel.

Social History | Notes: Assist... TEST, CHILD | May 10, 2009 (13 yo F) | Acc No. 75215 | App: (10/19/2020 ...)

Default | Default For All | Clear All

| Name | Value | Notes |
|-----------------------------------------------------------------|-------|-------|
| <input type="checkbox"/> Health Insurance | | |
| <input checked="" type="checkbox"/> Social Security Disability | Yes | |
| <input type="checkbox"/> Action Taken: | | |
| <input type="checkbox"/> Food Stamps | | |
| <input type="checkbox"/> Housing/Shelter Assistance | | |
| <input type="checkbox"/> Employment Assistance | | |
| <input type="checkbox"/> Food Assistance | | |
| <input type="checkbox"/> Child Care | | |
| <input type="checkbox"/> Translation/Interpretation | | |
| <input type="checkbox"/> Medication Assistance/Medical Supplies | | |
| <input type="checkbox"/> Transportation | | |
| <input type="checkbox"/> Financial Difficulties | | |
| <input type="checkbox"/> Copay Assistance | | |
| <input type="checkbox"/> WIC Assistance | | |
| <input type="checkbox"/> Referrals to Community Partners | | |

Prev | Next | OK | Cancel

Custom | Social History will not be updated in the Right Panel.

Care Coordination Documentation- Assistance Provided

Social History | Notes: Assist... TEST, CHILD | May 10, 2009 (13 yo F) | Acc No. 75215 | Appt: (10/19/2020 ...)

Default | Default For All | Clear All

| Name | Value | Notes |
|----------------------------------------------------------------------------|-------|-------|
| <input type="checkbox"/> Health Insurance | | |
| <input type="checkbox"/> Social Security Disability | | |
| <input type="checkbox"/> Food Stamps | | |
| <input type="checkbox"/> Housing/Shelter Assistance | | |
| <input type="checkbox"/> Employment Assistance | | |
| <input type="checkbox"/> Food Assistance | | |
| <input type="checkbox"/> Child Care | | |
| <input type="checkbox"/> Translation/Interpretation | | |
| <input checked="" type="checkbox"/> Medication Assistance/Medical Supplies | Yes | |
| <input type="checkbox"/> Type of Assistance Provided: | | |
| <input type="checkbox"/> Transportation | | |
| <input type="checkbox"/> Financial Difficulties | | |
| <input type="checkbox"/> Copay Assistance | | |
| <input type="checkbox"/> WIC Assistance | | |
| <input type="checkbox"/> Referrals to Community Partners | | |

[Select all]
 Referral to KTCH PapRX Program
 Defeat Prescription Assistance
 Open Door Voucher
 KTCH Voucher
 Other:

Prev Next OK Cancel

Custom Social History will not be updated in the Right Panel.

Social History | Notes: Assist... TEST, CHILD | May 10, 2009 (13 yo F) | Acc No. 75215 | Appt: (10/19/2020 ...)

Default | Default For All | Clear All

| Name | Value | Notes |
|-----------------------------------------------------------------|-------|-------|
| <input type="checkbox"/> Health Insurance | | |
| <input type="checkbox"/> Social Security Disability | | |
| <input type="checkbox"/> Food Stamps | | |
| <input type="checkbox"/> Housing/Shelter Assistance | | |
| <input type="checkbox"/> Employment Assistance | | |
| <input type="checkbox"/> Food Assistance | | |
| <input type="checkbox"/> Child Care | | |
| <input type="checkbox"/> Translation/Interpretation | | |
| <input type="checkbox"/> Medication Assistance/Medical Supplies | | |
| <input checked="" type="checkbox"/> Transportation | Yes | |
| <input type="checkbox"/> Type of Assistance Provided: | | |
| <input type="checkbox"/> Financial Difficulties | | |
| <input type="checkbox"/> Copay Assistance | | |
| <input type="checkbox"/> WIC Assistance | | |
| <input type="checkbox"/> Referrals to Community Partners | | |

[Select all]
 Taxi Provided
 OATS
 Gas Card
 Other:

Prev Next OK Cancel

Custom Social History will not be updated in the Right Panel.

Care Coordination Documentation- Assistance Provided

Social History | Notes: Assist... | TEST, CHILD | May 10, 2009 (13 yo F) | Acc No. 75215 | App: (10/19/2020 ...)

Default | Default For All | Clear All

| Name | Value | Notes |
|------------------------------------------------------------------|--------------|-------|
| <input type="checkbox"/> Health Insurance | | |
| <input type="checkbox"/> Social Security Disability | | |
| <input type="checkbox"/> Food Stamps | | |
| <input type="checkbox"/> Housing/Shelter Assistance | | |
| <input type="checkbox"/> Employment Assistance | | |
| <input type="checkbox"/> Food Assistance | | |
| <input type="checkbox"/> Child Care | | |
| <input type="checkbox"/> Translation/Interpretation | | |
| <input type="checkbox"/> Medication Assistance/Medical Supplies | | |
| <input type="checkbox"/> Transportation | | |
| <input type="checkbox"/> Financial Difficulties | | |
| <input checked="" type="checkbox"/> Copay Assistance | Yes | |
| <input checked="" type="checkbox"/> Type of Assistance Provided: | KTCH Voucher | |
| <input type="checkbox"/> Amount: | 25 | |
| <input type="checkbox"/> WIC Assistance | | |

Prev Next OK Cancel

Custom Social History will not be updated in the Right Panel.

Social History | Notes: Assist... | TEST, CHILD | May 10, 2009 (13 yo F) | Acc No. 75215 | App: (10/19/2020 ...)

Default | Default For All | Clear All

| Name | Value | Notes |
|---------------------------------------------------------------------|-------|-------|
| <input type="checkbox"/> Health Insurance | | |
| <input type="checkbox"/> Social Security Disability | | |
| <input type="checkbox"/> Food Stamps | | |
| <input type="checkbox"/> Housing/Shelter Assistance | | |
| <input type="checkbox"/> Employment Assistance | | |
| <input type="checkbox"/> Food Assistance | | |
| <input type="checkbox"/> Child Care | | |
| <input type="checkbox"/> Translation/Interpretation | | |
| <input type="checkbox"/> Medication Assistance/Medical Supplies | | |
| <input type="checkbox"/> Transportation | | |
| <input type="checkbox"/> Financial Difficulties | | |
| <input type="checkbox"/> Copay Assistance | | |
| <input type="checkbox"/> WIC Assistance | | |
| <input checked="" type="checkbox"/> Referrals to Community Partners | Yes | |
| <input type="checkbox"/> Community Partners Referred to: | | |

Prev Next OK Cancel

Custom

[Select all]
 Open Door
 CASA
 Ride Rite Taxi
 OATS
 WIC
 Health Department
 Other: