

APPENDIX 1

VIRTUAL SOCIAL WORKER FORM

Record ID _____

Did this visit occur?

☐

No

Yes

Reason visit did not occur: _____

Does patient need help with

	No documented	Yes	Unknown - Not
Obtaining health insurance			
Access to transportation for health needs	☐	☐	☐
Obtaining PCP			
Obtaining medications	☐	☐	☐
Obtaining a job or disability benefits	☐	☐	☐
Financial Needs			
Food Insecurity			
Housing	☐	☐	☐
Insecurity	☐	☐	☐
Health Literacy	☐	☐	☐
Social Support	☐	☐	☐
Depression	☐	☐	☐
Safety/ Abuse	☐	☐	☐
Alcohol/Tobacco/Substances	☐	☐	☐
Addressing health co- morbidities	☐	☐	☐

Community resources provided:

- ☐ Gold card
- ☐ County Indigent Programs
- ☐ Low cost clinic
- ☐ Low cost pharmacy
- ☐ Low cost outpatient therapy Metro lift

Additional community resources provided

On a scale of 1-5, with 1 being "not ready", how ready are you to quit smoking?

Interventions offered to quit smoking

- ☐ Counseling
- ☐ Tobacco Cessation Specialist
- ☐ Referral Nicotine replacement therapy Varenicline
- ☐ Bupropion
- ☐ None

Other notes
