



Siena Proactive Internal Medicine – Smithtown

Patient Name: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_  
(Please Print)

Social Determinants of Care Screening - **PLEASE CIRCLE ANSWERS**

1. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food? **Yes – No**
2. In the last 12 months, has the electric, gas, oil, or water company threatened to shut off your services in your home? **Yes – No**
3. Are you worried that in the next 2months, you may not have stable housing? **Yes – No**
4. Do problems getting child care make it difficult for you to work or study?  
**Yes – No – N/A no children**
5. In the last 12 months, have you needed to see a doctor, but could not because of cost? **Yes – No**
6. In the last 12 months, have you ever had to go without health care because you didn't have a way to get there? **Yes – No**
7. Do you ever need help reading hospital materials? **Yes – No**
8. I often feel that I lack companionship: **Yes – No**
9. Are any of your needs urgent? (For example: I don't have food tonight, I don't have a place to sleep tonight) **Yes – No**
10. If you checked YES to any questions above, would you like to receive assistance with any of these needs? **Yes - No**