

# 10<sup>th</sup> Decile Screening Form for Homeless Patients

Patient Name: *Leave Blank when De-identified*      Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Staff Name: \_\_\_\_\_      Today's Date: \_\_\_\_\_ Hospital/Clinic: \_\_\_\_\_  
Staff Phone: \_\_\_\_\_      Patient Room/Location: \_\_\_\_\_

## I. Eligibility

**Is this patient homeless?**       Yes       No       Don't Know

*A person who is homeless lacks a fixed, regular, and adequate nighttime residence; and has a primary nighttime residence that is:*

- *A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare/voucher hotels, shelters, or transitional housing designed for homeless persons); or*
- *An institution that provides a temporary residence for persons intended to be institutionalized; or*
- *A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (street, park, hallway, freeway underpass.)*

*Individuals are generally ineligible for permanent supportive housing if any of the following attributes apply to them. Do any of the following describe this patient:*

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Undocumented immigrant?   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 2. On parole for a violent crime?                                    | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3. Convicted of arson?   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 4. Convicted of operating a methamphetamine lab?                     | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 5. Committed an offense that requires registering as a sex offender? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 6. Needs continuing nursing care?                                    | <input type="checkbox"/> yes | <input type="checkbox"/> no |

*If none of the above attributes apply to the patient, please continue by providing the following information.*

## II. General Information

<b>Gender?</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Ethnicity?</b>	<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____
<b>Language?</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		
<b>Born in other state?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<b>Alcohol or drug dependency?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
<b>Born in other country?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		

### III. Diagnostic Information

**Instructions:** Please review the patient's medical records and check (☑) all diagnoses that apply. Check only the diagnoses in **bold** with check boxes next to them; the others are for reference.

☑	Group	Sub-Group	ICD-9-CM Code and Name of Principal Diagnosis	Version of Triage Tool	Chronic
<input type="checkbox"/>	<b>1. INFECTIOUS AND PARASITIC DISEASES (001-139)</b>			2	
<input type="checkbox"/>			<b>011 Pulmonary Tuberculosis</b>	*	
<input type="checkbox"/>			<b>042 Human Immunodeficiency Virus (HIV) Infection</b>	2	c
<input type="checkbox"/>	<b>2. NEOPLASMS (140-239)</b>			2	c
<input type="checkbox"/>	<b>3. ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES, &amp; IMMUNITY DISORDERS (240-279)</b>			2	
<input type="checkbox"/>			<b>250 Diabetes mellitus</b>	2	c
<input type="checkbox"/>	<b>4. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS (280-289)</b>			2	c
<input type="checkbox"/>	<b>5. MENTAL DISORDERS (290-319)</b>			2	
<input type="checkbox"/>			<b>Psychoses (290-299)</b>		
			<i>Organic Psychotic Conditions (290-294)</i>		
<input type="checkbox"/>			<b>291 Alcohol-induced mental disorders</b>	2	c
<input type="checkbox"/>			<b>292 Drug-induced mental disorders</b>	2	c
<input type="checkbox"/>			<b>Other Psychoses (295-299)</b>		c
<input type="checkbox"/>			<b>295 Schizophrenic disorders</b>	2	c
<input type="checkbox"/>			<b>296 Episodic mood disorders</b>	2	c
<input type="checkbox"/>			<b>298 Other nonorganic psychoses</b>	2	c
<input type="checkbox"/>			<b>Neurotic Disorders, Personality Disorders, &amp; Other Nonpsychotic Mental Disorders (300-316)</b>		
			<i>300 Anxiety, dissociative and somatoform disorders</i>		c
<input type="checkbox"/>			<b>303 Alcohol dependence syndrome</b>	2	c
<input type="checkbox"/>			<b>304 Drug dependence</b>	2	c
			<i>305 Nondependent abuse of drugs</i>		c
			<i>309 Adjustment reaction</i>		c
<input type="checkbox"/>			<b>311 Depressive disorder, not elsewhere classified</b>	2	c
			<i>Mental Retardation (317-319)</i>		c
<input type="checkbox"/>	<b>6. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS (320-389)</b>			2	
			<i>Hereditary &amp; Degenerative Diseases of the Central Nervous System (330-337)</i>		c
			<i>Pain (338)</i>		
			<i>338 Pain, not elsewhere classified</i>		c
			<i>Other Disorders of the Central Nervous System (340-349)</i>		
			<i>345 Epilepsy &amp; Recurrent Seizures</i>		c
			<i>Disorders of the Eye And Adnexa (360-379)</i>		
			<i>368 Visual Disturbances</i>		
			<i>372 Disorders of Conjunctiva</i>		
			<i>Diseases of the Ear And Mastoid Process (380-389)</i>		
			<i>380 Disorders of external ear</i>		
<input type="checkbox"/>	<b>7. DISEASES OF THE CIRCULATORY SYSTEM (390-459)</b>			2	
<input type="checkbox"/>			<b>Chronic Rheumatic Heart Disease (393-398)</b>		
<input type="checkbox"/>			<b>Hypertensive Disease (401-405)</b>	2	

<input checked="" type="checkbox"/>	Group	Sub-Group	ICD-9-CM Code and Name of Principal Diagnosis	Version of Triage Tool	Chronic
			401 Essential hypertension		c
			403 Hypertensive chronic kidney disease		c
<input type="checkbox"/>		<b>Ischemic Heart Disease (410-414)</b>		2	
			410 Acute myocardial infarction		c
			411 Other acute and subacute forms of ischemic heart disease		c
			414 Other forms of chronic ischemic heart disease		c
			<i>Diseases of Pulmonary Circulation (415-417)</i>		
<input type="checkbox"/>		<b>Other Forms of Heart Disease (420-429)</b>		2	
<input type="checkbox"/>		<b>427 Cardiac dysrhythmias</b>		*	c
			428 Heart failure		c
			<i>Cerebrovascular Disease (430-438)</i>		c
			<i>Diseases of Arteries, Arterioles, &amp; Capillaries (440-449)</i>		c
<input type="checkbox"/>		<b>Diseases of Veins &amp; Lymphatics, &amp; Other Diseases of Circulatory System (451-459)</b>		2	
<input type="checkbox"/>		<b>453 Other venous embolism and thrombosis</b>		*	
<input type="checkbox"/>		<b>8. DISEASES OF THE RESPIRATORY SYSTEM (460-519)</b>		2	
<input type="checkbox"/>		<b>Acute Respiratory Infections (460-466)</b>		2	
			462 Acute pharyngitis		
			465 Acute upper respiratory infections of multiple or unspecified sites		
			466 Acute bronchitis and bronchiolitis		
<input type="checkbox"/>		<b>Other Diseases of the Upper Respiratory Tract (470-478)</b>		2	
			473 Chronic sinusitis		c
<input type="checkbox"/>		<b>Pneumonia &amp; Influenza (480-488)</b>		2	
			486 Pneumonia, organism unspecified		
<input type="checkbox"/>		<b>Chronic Obstructive Pulmonary Disease &amp; Allied Conditions (490-496)</b>		2	
			490 Bronchitis, not specified as acute or chronic		
			491 Chronic bronchitis		c
<input type="checkbox"/>		<b>493 Asthma</b>			c
			<i>Other Diseases of Respiratory System (510-519)</i>		
			511 Pleurisy		
<input type="checkbox"/>		<b>9. DISEASES OF THE DIGESTIVE SYSTEM (520-579)</b>		2	
			<i>Diseases of Oral Cavity, Salivary Glands, &amp; Jaws (520-529)</i>		
			521 Diseases of hard tissues of teeth		
			522 Diseases of pulp and periapical tissues		
			525 Other diseases and conditions of the teeth and supporting structures		
			<i>Diseases of Esophagus, Stomach, &amp; Duodenum (530-538)</i>		
			530 Diseases of esophagus		
			535 Gastritis and duodenitis		
			536 Disorders of function of stomach		
			<i>Hernia of Abdominal Cavity (550-553)</i>		
			550 Inguinal hernia		
			553 Other hernia of abdominal cavity without mention of obstruction or gangrene		
			<i>Noninfectious Enteritis &amp; Colitis (555-558)</i>		
			558 Other and unspecified noninfectious gastroenteritis and colitis		
			<i>Other Diseases of Digestive System (570-579)</i>		
<input type="checkbox"/>		<b>571 Chronic liver disease and cirrhosis</b>		*	c
			574 Cholelithiasis		
<input type="checkbox"/>		<b>577 Diseases of pancreas</b>		*	

<input checked="" type="checkbox"/>	Group	Sub-Group	ICD-9-CM Code and Name of Principal Diagnosis	Version of Triage Tool	Chronic
			578 Gastrointestinal hemorrhage		
<input type="checkbox"/>	10.	<b>DISEASES OF THE GENITOURINARY SYSTEM (580-629)</b>		2	
<input type="checkbox"/>		<b>Other Diseases of Urinary System (590-599)</b>		2	
			590 Infections of kidney		
			592 Calculus of kidney and ureter		
			597 Urethritis, not sexually transmitted, and urethral syndrome		
			599 Other disorders of urethra and urinary tract		
<input type="checkbox"/>		<b>Inflammatory Disease of Female Pelvic Organs (614-616)</b>		2	
			614 Inflammatory disease of ovary, fallopian tube, pelvic cellular tissue, and peritoneum		
			616 Inflammatory disease of cervix, vagina, and vulva		
<input type="checkbox"/>	12.	<b>DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE (680-709)</b>		2	
<input type="checkbox"/>		<b>681-682 Cellulitis</b>		2	
			683 Acute lymphadenitis		
			686 Other local infections of skin and subcutaneous tissue		
<input type="checkbox"/>	13.	<b>DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE (710-739)</b>		2	
			<i>Arthropathies &amp; Related Disorders (710-719)</i>		c
			715 Osteoarthritis and allied disorders		c
			716 Other and unspecified arthropathies		c
			717 Internal derangement of knee		c
			<i>Dorsopathies (720-724)</i>		c
			721 Spondylosis and allied disorders		
			723 Other disorders of cervical region		
			724 Other and unspecified disorders of back		
			<i>Rheumatism, Excluding the Back (725-729)</i>		
			726 Peripheral enthesopathies and allied syndromes		
			727 Other disorders of synovium, tendon, and bursa		
			728 Disorders of muscle, ligament, and fascia		
			729 Other disorders of soft tissues		
			<i>Osteopathies, Chondropathies, &amp; Acquired Musculoskel. Deformities (730-739)</i>		c
			730 Osteomyelitis, periostitis, and other infections involving bone		
			733 Other disorders of bone and cartilage		
<input type="checkbox"/>	16.	<b>SYMPTOMS, SIGNS, AND ILL-DEFINED CONDITIONS (780-799)</b>		2	
			780 General symptoms		
			782 Symptoms involving skin and other integumentary tissue		
			784 Symptoms involving head and neck		
			786 Symptoms involving respiratory system and other chest symptoms		
			787 Symptoms involving digestive system		
			789 Other symptoms involving abdomen and pelvis		
<input type="checkbox"/>	17.	<b>INJURY AND POISONING (800-999)</b>		2	
			815 Fracture of metacarpal bone(s)		
			845 Sprains and strains of ankle and foot		
			873 Other open wound of head		
			920 Contusion of face, scalp, and neck except eye(s)		
			924 Contusion of lower limb and of other and unspecified sites		
			959 Injury, other and unspecified		
<input type="checkbox"/>		<b>970 Poisoning by central nervous system stimulants</b>			
<input type="checkbox"/>		<b>SUPPLEMENTARY CLASSIFICATION OF FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES (V01-V89)</b>		2	
			V22 Normal pregnancy		

**Group**      **Sub-Group**      **ICD-9-CM Code and Name of Principal Diagnosis**

V54 Other orthopedic aftercare  
 V58 Encounter for other and unspecified procedures and aftercare  
 V67 Follow-up examination  
 V71 Observation and evaluation for suspected conditions not found  
 V79 Special screening for mental disorders and developmental handicaps

Triage tool notes:

Chronic medical conditions are denoted by "c" in the Chronic column

\* Rare diagnoses not listed in either triage tool but associated with a high probability of being in the 10<sup>th</sup> decile

**Main condition treated during this hospital visit?** \_\_\_\_\_

**When will this patient be discharged?** \_\_\_\_\_

**Does this patient have a disability, that is a physical or mental impairment that substantially limits one or more of the major life activities?**

Yes       No       Don't Know

**Is this patient ambulatory?**

Yes       No       Don't Know

**Is this patient expected to recover and live independently without continuing nursing care?**

Yes       No       Don't Know

**Will this patient need short-term respite care?**

Yes       No       Don't Know

*To be viable tenants in permanent supportive housing, individuals must be able to live alone. Health conditions that are barriers to live in the housing that can be provided may include:*

1. *Wheel chair - assistance is not available to move patients into and out of wheel chairs. Patients in wheel chairs are viable for the program only if they are sufficiently ambulatory to be able to get out of the wheel chair and into a taxi, onto a toilet, and into a bed on their own.*
2. *Colostomy bag*
3. *Urinary catheter*
4. *Tracheotomy*
5. *Feeding tube*
6. *Ongoing intravenous therapy*
7. *Serious wounds that require ongoing wound care*

**Does this patient have any of these seven barriers?**

Yes       No       Don't Know

## IV. Hospital and Clinic Usage

### IN THE PAST 2 YEARS:

*This section on past health care use in the past two-years is extremely important. Please look up this information in patient records.*

**Outpatient Clinics (#visits) \_\_\_\_\_ (all clinics)**

**Emergency Room (#visits) \_\_\_\_\_ (all hospitals)**

**Hospital inpatient (#admissions) \_\_\_\_\_ (all hospitals) (#days) \_\_\_\_\_**