

HIP REFERRAL / PRIMARY CARE PROVIDER SCREENER

Client Name _____ PC ID _____

Psychiatrist _____ Clinician: _____

1. Do you currently have a Primary Care Doctor?

- a. Yes b. No c. I don't know

2. If yes, where do you receive Primary Medical Care Services – (PCP)?

Provider name or Group name

2a. Are you currently taking any medications prescribed by PCP? **a. Yes** **b. No**

List of Meds: _____

2b: Do you currently have an appointment with a Specialist/ Referral (ex. Diabetes, heart, neurology specialist)? **a. Yes** **b. No**

3. Do you currently have any medical conditions or symptoms? **a. Yes** **b. No**

3a. If yes, list conditions and symptoms: _____
(use back side if needed)

4. When was the last time you saw a Primary Care Medical Doctor?

- a. Within last 3 months
- b. Within the last 6 months
- c. Within the last year
- d. Over a year ago
- e. Not for several years

5. Would you be interested in receiving your primary healthcare here on-site? South Bay Family Health Care provides medical care to our clients on-site.

- a. Yes b. No c. I would like more information

My therapist has told me about the Healthy Inglewood Project (HIP). HIP is a program for Didi Hirsch clients that will help them reach their physical, mental health, and wellness goals. It is for clients who want to maintain or improve their health. Clients who are part of HIP can receive primary care services on-site at Didi Hirsch Inglewood from South Bay Family Health Care. I do want to be part of this program, and understand that a staff member will be contacting me to enroll me in the program.

_____ Clinician Initials to confirm they discussed HIP with the client