SDOH Survey and Follow Up - Proposed AxiUm Form

SDOH Initial Survey *(to be completed during screening)*				
	Yes	No	Sometimes	Date
1. I am able to provide enough food for myself and my family at each meal.				
2. I am able to comfortably afford housing and pay my utility bills on time.				
3. I have a reliable, affordable means of transportation that gets me everywhere I need to go.				
4. I feel safe at home.				
The patient was provided with a list of resources.				

SDOH Initial Follow Up *(to be completed during ODTP)*			
	Yes	No	Date
Has the patient made an attempt to utilize the provided resources?			
The resource was beneficial to the patient.			
The patient is still interested in receiving a list of resources or utilizing the provided resources.			
The patient was provided with an additional list of resources.			

SDOH Secondary Follow Up *(to be completed during recall exam)*			
	Yes	No	Date
Has the patient made an attempt to utilize the provided resources?			
The resource was beneficial to the patient.			
The patient is still interested in receiving a list of resources or utilizing the provided resources.			
The patient was provided with an additional list of resources.			