HMIS Data Collection for COVID-19 High-Risk Screening - *[HEAD OF HOUSEHOLD] – [ALL PROJECTS]*

This form can be used for all project types. While accessible to all project types, this is only intended to be completed for clients who are presenting as literally homeless or are accessing the Coordinated Entry system.

Section I: COVID-19 High-Risk Screening

ADVANCED AGE

- ☐ 50-59
- ☐ 60-69
- ☐ 70+

LUNG DISEASE OR NEED TO USE AN INHALER

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

HEART DISEASE

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

HIGH BLOOD PRESSURE

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

HIGH CHOLESTEROL

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

DIABETES

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

LIVER DISEASE

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

KIDNEY DISEASE

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

PREGNANCY STATUS?

☐ Yes	☐ Client Doesn't Know
☐ No	☐ Client Refused
	☐ Data Not Collected

IF YES – EXPECTED DUE DATE? (Month / Day / Year):

		/			/				

CURRENTLY HAVE CANCER

☐ Yes	☐ Client Doesn't Know
☐ No	☐ Client Refused
	☐ Data Not Collected

HIV / AIDS

☐ Yes	☐ Client Doesn't Know
☐ No	☐ Client Refused
	☐ Data Not Collected

OTHER IMMUNE COMPROMISED

☐ Yes	☐ Client Doesn't Know
☐ No	☐ Client Refused
	☐ Data Not Collected

OTHER IMMUNE COMPROMISED DETAILS:

DOES NOT KNOW THEIR MEDICAL HISTORY OR REFUSES TO ANSWER QUESTIONS

☐ Yes	☐ Client Doesn't Know
☐ No	☐ Client Refused
	☐ Data Not Collected

DETAILS OR QUESTIONS FOR REVIEW BY A MEDICAL PROFESSIONAL (LEAVE BLANK IF NONE):