

1-888-437-0606 TTY: 711 mimeridian.com

Social Determinants of Health (SDoH) Assessment

Meridian encourages providers to screen all patients using the SDoH assessment. This form can also be accessed and completed in the provider portal at **mimeridian.com**. After completion of this form, your patient will be referred to one of our Community Health Workers who will assist your patient with getting connected to local resources. Please complete clearly in black ink and fax to **833-667-1288**.

Mom	har Cantaat Informat	ion	
Memb	ber Contact Informat per ID:	w	Mailing Address:
	mmddyyyy):		City:
First N			State:
Last N			Zip Code:
Phone	e Number:		'
Provi	der Information		
	der Name:		
	der NPI:		
	ler Office:		
	der Contact Number:		
Healt	h and Healthcare Coi	ncern Identified	
		=	
Are yo	ou able to manage your	healthcare?	
Are yo	ou able to manage your	healthcare?	
Are yo			
-		□ No	ified
Neigh	☐ Yes	□ No nment Concern Ident	ified
Neigh	□ Yes aborhood and Enviror	□ No nment Concern Ident	ified
Neigh	☐ Yes aborhood and Enviror u have concerns in your	□ No nment Concern Ident	ified
Neigh	☐ Yes Aborhood and Enviror u have concerns in your Lead Mold	□ No nment Concern Ident	ified
Neigh Do yo •	☐ Yes nborhood and Environ u have concerns in your Lead	□ No nment Concern Ident	ified



☐ Yes

□No

Do you • •	live in an area that has Be outside Walk, or Causes stress in your o	a high crime rate that affects your ability to:
	□Yes	□ No
Do you	lack places to walk and	d/or areas like a playground or park?
	□Yes	□No
Food C	Concern Identified	
Are you	u currently concerned a	about or foresee running out of food or suffering a food crisis?
	☐Yes	□No
Are you	ng Concern Identified u facing or foresee any t n, Currently homeless \(\sim\) Yes	type of housing crisis? For example: Late rent/mortgage payments, Facing
Utilitie	es Concern Identified	
Are the	ere any current financia	l concerns in the family such as shut off notices or other life impacting bills
that aff	ect your ability to live in	n a safe and healthy environment?
	□Yes	□No
Educa	tion/Employment/Tro	aining Concern Identified
Do you	or anyone in the house	have a need or desire to build on their education, have a current educational
need (i	ncluding remote learnii	ng needs) or needs for employment?
	□Yes	□No
Transp	oortation Concern Ide	entified
Do you	have reliable transport	ation to pick up groceries and to complete necessary activities in life?



Social and Community Concern Identified

Do you have a strong s	upport system in place in case you ever needed help with: Childcare, Elderly care,
Rides to work or school	l, or any other needs that may arise
☐ Yes	□ No
Anxiety Concern Ide	ntified
Over the past two wee	ks have you been bothered by the following problems: Excessive nervousness, Fear,
Apprehension, Worry	
☐ Yes	□No
Depression Concern	Identified
In the past two weeks I	nave you felt down/depressed/helpless?
☐ Yes	□No
Stress Concern Iden	ified
Over the past two wee	ks have you been bother by the following problems: physical, mental, or emotional om life events?
☐ Yes	□No
Other:	
Are there any other ne	eds that we have not reviewed that we may be able to help with?
	