

**St Louis County Public Health
CLIENT CARE PLAN**

Client: Pathway , Lead HV

Client ID#: 1156201729

Admission Date: 08-21-2006

01 Income Potential Problem Family

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
S	Finances	Use of Available Resources

03 Residence Potential Problem Family

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
TGC	Home	Other Education encounter & Assessment For for EBLL
S	Safety	Location / Use Of Hazards Environmental assessment for lead

35 Nutrition Potential Problem Individual

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
S	Dietary Management	Other Food prep & Nutrition Section of the EBLL Assessment Form

41 Health Care Supervision Potential Problem Individual

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
CM	Medical/Dental Care	Coordination Among Providers Follow up with health Care Provider for Lead Levels
S	Medical/Dental Care	Follows Plan Of Care per case management guidelines

17 Growth and Development Potential Problem Individual

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
CM	Growth/Development Care	Other Follow Along Program enrollment