

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

Client: Pathway , Clinic/Hosp Liaison

Client ID#: 1137429866
Admission Date: 01-16-2006

41 Health Care Supervision Potential Problem Community

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

<i>Cat.</i>	<i>Target</i>	<i>Client-Specific Information</i>
TP	Other	Other Assessment C&TC Outreach
CM	Medical/Dental Care	Schedule / Provide Services Clinic-based outreach activities

06 Communication with Community Resources Potential Problem Community

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

<i>Cat.</i>	<i>Target</i>	<i>Client-Specific Information</i>
S	Other	Other IPI visit per MDH protocol

50 Communicable/Infectious Condition Potential Problem Community

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

<i>Cat.</i>	<i>Target</i>	<i>Client-Specific Information</i>
S	Infection Precautions	Reporting Procedures

04 Neighborhood/Workplace Safety Potential Problem Community

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

<i>Cat.</i>	<i>Target</i>	<i>Client-Specific Information</i>
TGC	Interaction	Other Roles of service providers in PHP activities, including MDS coordination