

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

**Client:** Pathway , Adult Adm Sup Babies

**Client ID#:**

1246396766

**Admission Date:**

06-30-2009

01 Income

Potential Problem

Family

**Signs & Symptoms:**

**Assessment Date:** 06-30-2009  
**Initial Rating** K B S  
**Last Rating** K B S  
**Target Outcome** K B S

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
CM	Finances	<b>Date Created:</b> 06-30-2009 Community Resources FHV - Referral for MFIP or fuel assistance
CM	Finances	<b>Date Created:</b> 06-30-2009 Other FHV - Referral for insurance resources
S	Finances	<b>Date Created:</b> 06-30-2009 Other FHV - Follow up on insurance resources referral
CM	Dietary Management	<b>Date Created:</b> 06-30-2009 Other FHV - Referred to financial / food resources (WIC, food stamps, food buying programs, food shelf)
S	Dietary Management	<b>Date Created:</b> 06-30-2009 Other FHV - Follow up on referral for financial / food resources referral
CM	Education	<b>Date Created:</b> 06-30-2009 Other FHV - Referred to education / employment resources
S	Education	<b>Date Created:</b> 06-30-2009 Other FHV - Follow up on referral for education / employment resources
S	Finances	<b>Date Created:</b> 06-30-2009 Other FHV - Follow up on referral for MFIP or fuel assistance.
S	Other	<b>Date Created:</b> 06-30-2009 Other Education / employment status

03 Residence

Potential Problem

Family

**Signs & Symptoms:**

**Assessment Date:** 06-30-2009  
**Initial Rating** K B S  
**Last Rating** K B S



Cat.	Target	Care Description Note
S	Interaction	<b>Date Created:</b> 06-30-2009 Status Of Relationships primary relationship, support system

12 Mental Health

Potential Problem

Individual

**Signs & Symptoms:**

**Assessment Date:** 06-30-2009  
**Initial Rating** K B S  
**Last Rating** K B S  
**Target Outcome** K B S

Cat.	Target	Care Description Note
CM	Other Community Resources	<b>Date Created:</b> 06-30-2009 Mental Health Services FHV - Referred to mental health services
S	Other Community Resources	<b>Date Created:</b> 06-30-2009 Other FHV - Follow up on referral to mental health services
S	Medication Action/Side Effects	<b>Date Created:</b> 06-30-2009 Takes As Prescribed Promote compliance with med regimen
S	Coping Skills	<b>Date Created:</b> 06-30-2009 Other Complete Difficult Life Circumstances (DLC) survey
S	Signs/Symptoms-Mental/Emotional	<b>Date Created:</b> 06-30-2009 Other Depression screening, signs and symptoms management

16 Abuse

Potential Problem

Family

**Signs & Symptoms:**

**Assessment Date:** 06-30-2009  
**Initial Rating** K B S  
**Last Rating** K B S  
**Target Outcome** K B S

Cat.	Target	Care Description Note
S	Safety	<b>Date Created:</b> 06-30-2009 Other SLC Domestic Violence protocol, vulnerable adult

39 Substance Use

Potential Problem

Individual

**Signs & Symptoms:**

**Assessment Date:** 06-30-2009  
**Initial Rating** K B S



<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
CM	Family Planning Care	<b>Date Created:</b> 06-30-2009 Other FHV - Referral to family planning resources
TGC	Family Planning Care	<b>Date Created:</b> 06-30-2009 Sexually Transmitted Disease Prevention
S	Family Planning Care	<b>Date Created:</b> 06-30-2009 Other FHV - Follow up on referral to family planning resources

41 Health Care Supervision

Potential Problem

Individual

**Signs & Symptoms:**

**Assessment Date:** 06-30-2009  
**Initial Rating** K B S  
**Last Rating** K B S  
**Target Outcome** K B S

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
S	Medical/Dental Care	<b>Date Created:</b> 06-30-2009 Adequate / Appropriate
TGC	Wellness	<b>Date Created:</b> 06-30-2009 Immunizations
TGC	Wellness	<b>Date Created:</b> 06-30-2009 Importance Of Routine Preventive Evaluations cancer screenings

23 Cognition

Potential Problem

Individual

**Signs & Symptoms:**

**Assessment Date:** 06-30-2009  
**Initial Rating** K B S  
**Last Rating** K B S  
**Target Outcome** K B S

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
S	Signs/Symptoms-Mental/Emotional	<b>Date Created:</b> 06-30-2009 Other Completed Head Trauma Questionnaire