

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

Client: Pathway , Adult Adm < 65 2008

Client ID#: 1200410364
Admission Date: 01-15-2008

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>
CM	Finances	Community Resources Assess for / refer to: WIC, health insurance, income / employment, food stamps, fuel assistance, food buying programs / food shelf

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	Safety	Other Secondhand smoke, storage of weapons, lead, smoke alarms, pet safety, well water

06 Communication with Community Resources Potential Problem Family

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

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
CM	Education	Programs For Adults / Elders
CM	Employment	Programs For Adolescents / Adults / Elders
S	Other Community Resources	Adequate / Appropriate Resources

09 Interpersonal Relationship 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	Interaction	Status Of Relationships primary relationship, support system

12 Mental Health Potential Problem Individual

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

Employee Signature _____ Date _____

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
CM	Other Community Resources	Mental Health Services

16 Abuse 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	Safety	Other SLC Domestic Violence protocol, vulnerable adult

39 Substance Use 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	Screening Procedures	Other Alcohol use: TWEAK
S	Screening Procedures	Other Tobacco use
S	Screening Procedures	Other Street drug use, prescription or OTC drug abuse

40 Family Planning 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	Family Planning Care	Other Resources and where to obtain
CM	Family Planning Care	Other Sexually Transmitted Infection prevention

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>
S	Medical/Dental Care	Adequate / Appropriate
TGC	Wellness	Immunizations
TGC	Wellness	Importance Of Routine Preventive Evaluations cancer screenings