

Minimum Intake & Referral Data Standard

Demographics	System fields	bi-directional response
id	id	id
Name	Is it OK to leave a detailed message at this number	Referred
Date of birth	Referral Source	Accepted
Ethnicity/Cultural Identity	Social Barriers	Provided
Phone	Health Barriers	Declined
Gender identity	Consent	
Language	Covid symptomatic.	
Address	Leave Message?	
email	Call Date	

Social Barriers	
Housing	Food Access
Utilities	Clothing
Childcare	Employment
Elder Care	Education
Comms (Phone/internet/etc.)	Transportation
Safety: Violence or Abuse	Safety: Home or Environment
Safety: Neighborhood or community	

Health Barriers	
Health Insurance	Health Care: COVID - ACUTE
Health Care: COVID – Long Term	Health Care: Primary Care
Health Care: Specialty Care	Health Care: Medications
Health Care: Dental	Health Care: Vision
Behavioral Health: Medications	Behavioral Health: Inpatient Treatment
Behavioral Health: Outpatient Treatment	Behavioral Health: Therapy
Behavioral Health: Substance abuse	