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Central Coast Oncology & Hematology  
Amy McMullen, MD     Michael Yen, MD PhD

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Social Determinants of Health (SDOH) Risk Assessment

Patient Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Instructions: Please answer the following questions to help us understand any social factors that may be affecting your health.

1. Housing and Living Situation:

- Do you have a stable place to live?
  - ☐ Yes
  - ☐ No
- If no, please describe your current living situation:  
\_\_\_\_\_

2. Food Security:

- In the past 12 months, have you worried that your food would run out before you got money to buy more?
  - ☐ Often
  - ☐ Sometimes
  - ☐ Never

3. Transportation:

- Do you have reliable transportation to get to medical appointments?
  - ☐ Yes
  - ☐ No

4. Employment and Income:

- Are you currently employed?
  - ☐ Yes
  - ☐ No
- Do you have enough money to pay for basic needs like food, housing, and healthcare?
  - ☐ Yes
  - ☐ No

5. Social Support:

- Do you have family or friends you can rely on for support?
  - ☐ Yes
  - ☐ No

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6. Education:

- What is the highest level of education you have completed?
  - ☐ Less than high school
  - ☐ High school diploma or GED
  - ☐ Some college
  - ☐ College degree or higher

7. Safety:

- Do you feel safe in your home and neighborhood?
  - ☐ Yes
  - ☐ No

8. Access to Healthcare:

- Do you have any difficulty accessing healthcare services?
  - ☐ Yes
  - ☐ No
- If yes, please describe: \_\_\_\_\_

Additional Comments:

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Patient Consent for Principal Illness Navigation (PIN) Services (G0023)

I consent to receive Principal Illness Navigation (PIN) services provided by Central Coast Oncology & Hematology. I understand that PIN services are designed to assist me in managing my chronic illness through coordinated care and support, including:

- Person-centered assessment and planning
- Goal setting and treatment plan support
- Care coordination and communication among my healthcare providers
- Assistance with healthcare system navigation

I acknowledge that PIN services are billed under code G0023 and cover 60 minutes of navigation services per calendar month. I understand that these services will be documented in my medical records and that I have the right to revoke this consent at any time by notifying Central Coast Oncology & Hematology.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_