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Social Determinants of Health (SDoH) Assessment

Meridian encourages providers to screen all patients using the SDoH assessment. This form can also be accessed and completed in the provider portal at **mimeridian.com**. After completion of this form, your patient will be referred to one of our Community Health Workers who will assist your patient with getting connected to local resources. Please complete clearly in black ink and fax to **833-667-1288**.

Member Contact Information

Member ID:	Mailing Address:
DOB (mmddyyyy):	City:
First Name:	State:
Last Name:	Zip Code:
Phone Number:	

Provider Information

Provider Name:
Provider NPI:
Provider Office:
Provider Contact Number:

Health and Healthcare Concern Identified

Are you able to manage your healthcare?

Yes No

Neighborhood and Environment Concern Identified

Do you have concerns in your home such as:

- Lead
- Mold
- Roofing Issues

Yes No



Do you live in an area that has a high crime rate that affects your ability to:

- Be outside
- Walk, or
- Causes stress in your daily living

Yes No

Do you lack places to walk and/or areas like a playground or park?

Yes No

Food Concern Identified

Are you currently concerned about or foresee running out of food or suffering a food crisis?

Yes No

Housing Concern Identified

Are you facing or foresee any type of housing crisis? For example: Late rent/mortgage payments, Facing eviction, Currently homeless

Yes No

Utilities Concern Identified

Are there any current financial concerns in the family such as shut off notices or other life impacting bills that affect your ability to live in a safe and healthy environment?

Yes No

Education/Employment/Training Concern Identified

Do you or anyone in the house have a need or desire to build on their education, have a current educational need (including remote learning needs) or needs for employment?

Yes No

Transportation Concern Identified

Do you have reliable transportation to pick up groceries and to complete necessary activities in life?

Yes No

