

REFERRED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**PROJECT OPEN HAND**

730 Polk Street, San Francisco, CA 94109 415/447-2326 Fax: 415/429-3852  
1921 San Pablo Avenue, Oakland, CA 94612 510/622-0221 Fax: 510/452-1061



**Project Open Hand**  
meals with love

**Application for Services** (6 month duration; subject to eligibility)

**1. Consent to release information:**

I authorize my medical providers and referring party to release information about my medical condition to Project Open Hand for purposes of verifying my eligibility. I also authorize Project Open Hand to discuss the terms of my eligibility and/or services with my medical providers and referring party.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ County: \_\_\_\_\_

**Healthcare Provider only below this line**

**2. PHYSICAL DATA:** (Must be current within six months)

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Usual weight: \_\_\_\_\_ lbs. Blood pressure: \_\_\_\_\_ / \_\_\_\_\_  
Current weight: \_\_\_\_\_ lbs. Weight change over: \_\_\_\_\_ months Date: \_\_\_\_\_

**3a. PRIMARY DIAGNOSIS and CLINICAL DATA:** (Check all that apply; data must be current within six months)

- NO PRIMARY DIAGNOSIS
- HIV+/AIDS
- Cancer, active diagnosis  
Type: \_\_\_\_\_ Stage: \_\_\_\_\_  
Date of most recent diagnosis: \_\_\_\_\_  
Active Treatments: (check those that apply)  
Radiation therapy    Chemotherapy  
Hormone therapy    Not receiving treatment
- Diabetes  
Type 1 or Type 2 (check one)  
HbA1c: \_\_\_\_\_ Date: \_\_\_\_\_
- End stage Renal Disease (ESRD)  
Creatinine: \_\_\_\_\_ BUN: \_\_\_\_\_ Date: \_\_\_\_\_
- End Stage Liver Disease (ESLD)
- Cardiovascular disease (check those that apply)  
Congestive Heart Failure (CHF) NYHA Class: \_\_\_\_\_  
Coronary Artery Disease  
Total cholesterol: \_\_\_\_\_ HDL / LDL: \_\_\_\_\_ / \_\_\_\_\_  
Triglycerides: \_\_\_\_\_ Date: \_\_\_\_\_
- Chronic Obstructive Pulmonary Disease (COPD)  
Stage: \_\_\_\_\_ FEV1: \_\_\_\_\_ Date: \_\_\_\_\_
- Autoimmune disease (e.g. Lupus)
- Hepatitis B, chronic or Hepatitis C (check those that apply)
- Serious Neurologic Condition (check those that apply)  
Stroke                      Parkinson's  
Multiple Sclerosis        ALS (Lou Gehrig's disease)
- Trauma/major surgery, within 30 days of discharge (6 week service)  
Type: \_\_\_\_\_ Discharge date: \_\_\_\_\_

**3b. CONCOMITANT DIAGNOSES:** (Check any exhibited in the past 30 days)

- Opportunistic infection, inhibiting ability to access and/or prepare meals - Describe: \_\_\_\_\_
- Anemia                       Hypertension                       Hyperlipidemia

**4. SYMPTOMS:** (Check any exhibited in the past 30 days)

- NO SYMPTOMS
- Chronic (>30 days), inhibits normal daily functioning: (check those that apply)    Intractable diarrhea    Nausea    Vomiting
- Unintentional weight loss of more than 5% of baseline body weight in 1 month or 10% in 6 months
- Inability to gain weight if underweight (BMI < 18.5)
- Oral conditions preventing adequate nutritional intake
- Muscle weakness in one or more of the following areas: hands, arms or legs, or the muscles of speech or breathing
- Difficulty standing and/or ambulation due to: (check those that apply)    Twitching (fasciculation)    Numbness    Tingling    Cramping of muscles
- Edema, or other severe swelling in ankles or feet
- Difficulty swallowing (dysphagia)
- Fatigue: (check one)                      Mild                      Moderate                      Severe
- Shortness of breath at rest: (check one)                      Mild                      Moderate                      Severe
- Mild diarrhea     Mild wasting     Severe pain     Lymphedema     Spasticity     Ataxia     Slow-healing sores

Signature of Provider                      Printed Name of Provider                      Office Stamp                      Address, Phone and Fax                      Date

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**PROJECT OPEN HAND**

730 Polk Street, San Francisco, CA 94109 415/447-2326 Fax: 415/447-2492  
1921 San Pablo Avenue, Oakland, CA 94612 510/622-0221 Fax: 510/452-1061



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**Patient Name:** \_\_\_\_\_

**5. OTHER FACTORS:** (Check any exhibited in the past 30 days)

- Dementia
- Hospice or palliative care
- Homeless or marginally housed
- Substance use

Describe: \_\_\_\_\_

- Mental illness

DSM V diagnosis: \_\_\_\_\_

- Cognitive deficit

Describe: \_\_\_\_\_

- Developmental disability

Describe: \_\_\_\_\_

**6. DELIVERY SERVICES:** (Available to clients with restricted mobility residing in San Francisco and Oakland)

**PATIENT IS ABLE TO PICK UP MEALS or PATIENT HAS SUPPORT PERSON TO PICK UP MEALS**

- Bed bound
- Unlikely able to stand for more than 15 minutes at a time
- Unlikely able to walk more than 50 feet at a time
- Unlikely able to carry a weight of more than 15 lbs.
- Likely to need physical or other assistance in leaving home
- Requires 24hrs/day oxygen to treat lung or heart disease
- Requires someone to help patient prepare/cook food
- Leaving home may create safety risk or hardship

**7. NUTRITION SERVICES:** (Available to all clients)

Consult with patient's existing dietitian: Name - \_\_\_\_\_ Phone - \_\_\_\_\_

Refer patient to Project Open Hand registered dietitian: (list labs, relevant medical history, medications, surgeries, or other information)