

## BARRIERS TO FOLLOW-THROUGH WITH MEDICAL CARE

Indicate each barrier mentioned by the client during this contact. Mark the barrier as “mentioned” whether the client emphasized the barrier or only briefly mentioned it. (Note: This list should not be read as a list.)

	Barriers to Care	Client Mention of Barrier
	<b>Logistics</b>	
1.	Didn't have a way to get there/ transportation problem	
2.	Costs too much/no insurance coverage	
3.	Haven't been able to find the right doctor or clinic	
4.	Homelessness	
5.	Didn't know where to go	
6.	Too far to go	
	<b>Shame/Fear/Hopelessness</b>	
7.	Don't want my employer to know	
8.	Don't want my insurance to know	
9.	Don't want my family/friends to know	
10.	Family, friends, others would disapprove of seeking help	
11.	Too embarrassed	
12.	Afraid to find out what they had	
13.	Thought treatment would be unpleasant/painful	
14.	Fear of being treated rudely or unkindly	
15.	Feel too hopeless	
16.	Didn't think anyone could help	
	<b>Drugs/Alcohol</b>	
17.	Not ready, I still want to use alcohol and/or drugs	
	<b>Not Ready</b>	
18.	Felt well/had no symptoms	
19.	Not ready for treatment	
20.	Putting it off	
21.	Just didn't want to deal with it	
22.	Didn't want treatment	
23.	Treated self	
	<b>Doctor/Clinic</b>	
24.	Too difficult to get admitted to care	
25.	Clinic hours not convenient	
26.	Care was not available when needed	
27.	Had to wait too long to get an appointment	
28.	Had to wait too long in clinic	
29.	Could not get an appointment	
30.	Doesn't like doctors or clinics	
31.	Didn't know what kind of doctor to see	
32.	Don't want to be around sick people	
	<b>Afraid won't understand</b>	
33.	I won't understand what's going, I don't speak English	
34.	Afraid because I don't have citizenship	
35.	Don't have proper identification	
36.	Won't understand what's going on, doesn't read or write very well	
	<b>Too busy/No time</b>	
37.	Too busy taking care of someone else right now (child, parent, someone who is sick)	
38.	Child care not available	
39.	Couldn't take time off work	
40.	Other:	

Case Manager Signature: \_\_\_\_\_