McLAREN FLINT
Flint, Michigan 48532

HEAD AND SPINAL CORD INJURY PROGRAM

SOCIAL WORK PSYCHOSOCIAL ASSESSMENT

PATIENT NAME: _____

Encounter #: _____ Patient #:_____

Date of Birth: _____ Age: _____ Sex: _____ Race:_____

DATE & TIME OF SERVICE: _____90801_____

Dr.: _____

Medical Dx: _____

Referral Source/Reason: _____

_____

SYMPTOMS AND PROBLEMS: Circle sx reported/observed:

Depressed Sad Empty Hopelessness Irritability Helplessness Guilt Loss/grief
Sleep disturbance Low energy Appetite/weight change Somatic complaints
↓ Interest ↓ Pleasure ↓ Concentration ↓ Decision making ↓ Motivation
Suicidal ideation/plan/intent Mood swings manic sx hypomanic sx
Anxious Nervous Excessive worrying Panic attacks Agoraphobia Obsessive/compulsive Fears/phobias
Nightmares Flashbacks Re-living sx
Impulsivity Hyperactivity Oppositional Anger
Self-injurious behavior Gambling Spending Substance abuse
Interpersonal problems: Family Relationship/marital Social
Functional Difficulties: Home School Work
Other: _____

Presenting problem:_____
_____
_____
_____
_____
_____
_____

Sx present for: ☐ 1-6 months ☐ 7-11 months ☐ 12 or more months
History of present problem: _____
_____
_____
_____
_____
_____
_____

History of Mental Health/Substance Abuse Treatment: ☐ YES ☐ NO
_____
_____
_____
_____

Significant Family History: _____

PT.

MR.#/RM.

DR.

McLAREN FLINT
Flint, Michigan 48532

HEAD AND SPINAL CORD INJURY PROGRAM

SOCIAL WORK PSYCHOSOCIAL ASSESSMENT

Prior Level of Function: _____

Wants counseling now? ☐ YES ☐ NO _____
Goals for counseling: _____

RISK ASSESSMENT:

Risk to Self: Current suicidal ideation/plan/intent Hx suicidal ideation/plan/attempt	☐ YES	☐ NO
Risk to Others: Current homicidal ideation/plan/intent Hx homicidal ideation/plan/attempt	☐ YES	☐ NO
Violence: Has client ever been violent or assaulted anyone?	☐ YES	☐ NO
Hospitalized or residential treatment for mental health or substance abuse in past 12 months?	☐ YES	☐ NO
Presence of other risk factors (recent loss, health, financial problems, family hx, etc)?	☐ YES	☐ NO

If YES to any of the above, please explain : _____

Psychiatric Referral: YES NO _____

SUBSTANCE ABUSE SCREENING: (past or present sx)

Denies all sx
School/ work problems
Overdose
Prior Tx
Accidents
Inability to quit
Legal problems
Blackouts
Family/personal problems
Withdrawal sx
____ See Substance Abuse Hx Form

Explain: _____

TRAUMA: Childhood abuse/neglect Domestic violence Sexual assault Crime Accidents Natural disasters Medical trauma

ABUSE/NEGLECT SCREENING: (current signs) _____

MENTAL STATUS:

Appearance	Hygiene	Motor activity	Orientation	Speech	Memory
☐ WNL	☐ WNL	☐ WNL	☐ WNL	☐ WNL	☐ WNL
☐ disheveled	☐ meticulous	☐ overactive	☐ person ☐ slurred	☐ ↓ conciousness	
☐ meticulous	☐ poor	☐ agitated	☐ place	☐ pressured	☐ ↓ concentration
		☐ tremors/tics	☐ time	☐ stammering	☐ poor short term
		☐ ↓ coordination		☐ loud	☐ poor remote
		☐ repetitive acts		☐ soft	☐ amnesia
					☐ confabulation

PT.

MR.#/RM.

DR.

McLAREN FLINT
Flint, Michigan 48532

HEAD AND SPINAL CORD INJURY PROGRAM

SOCIAL WORK PSYCHOSOCIAL ASSESSMENT

Affect
- ☐ WNL
- ☐ blunted
- ☐ flat
- ☐ labile
- ☐ elevated
- ☐ inappropriate

Mood
- ☐ WNL
- ☐ depressed
- ☐ anxious
- ☐ manic
- ☐ other

Thought Process
- ☐ lucid/coherent
- ☐ circumstantial
- ☐ loose associations
- ☐ tangential
- ☐ perseveration
- ☐ blocking

Thought Content
- ☐ normal
- ☐ WNL
- ☐ hallucinations
- ☐ delusions

Intellect
- ☐ above average
- ☐ below average
- ☐ concrete thought
- ☐ ↓ fund of information

☐ flight of ideas

MENTAL STATUS: (continued)

Judgment
- ☐ Intact
- ☐ impaired

Insight
- ☐ WNL
- ☐ limited
- ☐ unrealistically high

Self-Concept
- ☐ WNL
- ☐ poor
- ☐ unrealistically low

Comments _____

Interview Behavior

☐ WNL ☐ cooperative ☐ pleasant ☐ hostile ☐ silly
☐ withdrawn ☐ defensive ☐ manipulative ☐ evasive
☐ passive ☐ dependent ☐ dramatic ☐ naive
☐ aggressive ☐ demanding ☐ negativistic ☐ overly cooperative

HEALTH/LIFESTYLE

Medications: _____

Allergies: _____

Current Medical: _____

Past Medical: (major illness, hospitalizations, surgeries) _____

PT.

MR.#/RM.

DR.

HEAD AND SPINAL CORD INJURY PROGRAM

SOCIAL WORK PSYCHOSOCIAL ASSESSMENT

Pain: (location, pain rating 0-10) _____

_____

_____

Sleep: _____

Food/Nutrition: (eating habits, eating disorder past or present, concerns with weight)

_____

_____

Alcohol: _____

Caffeine: _____

Nicotine: _____

Exercise: _____

Daily Routine: _____

_____

SOCIAL HISTORY

Marital Status: _____
Spouse/Significant Other: _____
Describe relationship: _____
Children this union: _____
Previous unions/children: _____

Living Arrangements: _____

Family/Household Composition: (list members of household, quality of relationships, family dynamics, etc.)

_____

_____

_____

_____

_____

_____

_____

Family of Origin: (parents, stepparents, siblings, quality of relationships, socioeconomic status)

_____

_____

_____

_____

_____

PT.

MR.#/RM.

DR.

McLAREN FLINT
Flint, Michigan 48532

HEAD AND SPINAL CORD INJURY PROGRAM

SOCIAL WORK PSYCHOSOCIAL ASSESSMENT

_____
_____
_____

Describe Childhood: _____
_____
_____
_____

Cultural History: (social/cultural influences, key values and beliefs)

_____
_____

Child/Adolescent Assessment Only:

☐ DOES NOT APPLY TO THIS CLIENT.

Developmental History: (prenatal, birth, early development, significant problems) _____
_____
_____
_____

Evaluate family dynamics: (parent's relationship, custody, visitation)

_____
_____
_____

Social Functioning: (sources of social support, peer relationships, social activities, impact of condition on social functioning)

_____
_____
_____

Sexuality: (hx sexual abuse, sexual orientation, problems/concerns)

_____
_____ _____

Legal Status:

☐ Guardian ☐ Conservator ☐ Durable POA for Healthcare ☐ Durable POA for _____
_____

Current legal concerns? Injury related divorce bankruptcy child custody/support issues criminal lawsuits other ___
_____
_____
_____

Hx of legal problems? _____
_____

Resources:

Financial Status: (source of income, perceived financial status, unmet needs, etc.) _____
_____
_____

PT.

MR.#/RM.

DR.

McLAREN FLINT
Flint, Michigan 48532

HEAD AND SPINAL CORD INJURY PROGRAM

SOCIAL WORK PSYCHOSOCIAL ASSESSMENT

Insurance: _____

Assistance/Benefits: ☐ Lost Wages ☐ Crippled Children ☐ Sick Benefits ☐ SSDI ☐ Disability (Work-Private) ☐ SSI ☐ Unemployment ☐ Medicaid ☐ Workman's Comp. ☐ Medicare ☐ Pension ☐ Food Stamps ☐ FIA grant ☐ Victim Assistance Program ☐ Veteran's Administration

_____

_____

Transportation: _____

Religious/Spiritual: (background, affiliations/involvement, source of support, important values and beliefs)

_____

_____

Leisure/Recreational Activities: (past & present, impact of condition on activities)

_____

_____

_____

Education: (highest level of schooling, difficulties, interests, future plans)

_____

_____

_____

Military: (branch, dates, job, combat duty, discharge status, general comments)

_____

_____

Employment: (most recent job & status, past experience, plans for the future)

_____

_____

_____

_____

Adjustment to Condition: (client description of self pre and post injury, understanding of condition)

_____

_____

_____

_____

_____

_____

Deficit Awareness:	Cognitive:	☐ Poor	☐ Fair	☐ Good
	Emotional/Behavioral:	☐ Poor	☐ Fair	☐ Good
	Physical:	☐ Poor	☐ Fair	☐ Good

Strengths and Resources: _____

_____

PT.

MR.#/RM.

DR.

McLAREN FLINT
Flint, Michigan 48532

HEAD AND SPINAL CORD INJURY PROGRAM

SOCIAL WORK PSYCHOSOCIAL ASSESSMENT

Family Concerns: (Info & concerns from family/significant other. Family adjustment/education needs. Caregiver needs.)

_____
_____
_____

Treatment Rendered:

- ☐ Orientation to Assessment
- ☐ Orientation to Clinical Social Worker
- ☐ Education on limits of confidentiality
- ☐ Consent to Treat signed
- ☐ "Your Rights" booklet provided
- ☐ Referrals for _____
- ☐ Supportive Counseling for _____

SUMMARY/ASSESSMENT: (presenting problems, strengths, positive or negative factors which might impact recovery/adjustment)

_____
_____
_____
_____
_____
_____
_____
_____
_____

BEHAVIORAL HEALTH DIAGNOSIS:

Axis I: _____
_____
_____
Axis II: _____
Axis III: _____
Axis IV: _____
Axis V: GAF =_____

PLAN/RECOMMENDATIONS:

The following treatment is recommended: _____
The following referrals are recommended: _____

TREATMENT PLAN: (include LTG, STG, start date and goal date)

GOAL 1. _____
_____ Start date _____
1A. _____
_____ Goal date_____
1B. _____
_____ Goal date _____
1C. _____ _____

PT.
MR.#/RM.
DR.