

INITIAL PSYCHOSOCIAL ASSESSMENT

NAME _____ ADMIT DATE _____ RE-ADMIT? _____

SEX _____ AGE _____ MARITAL STATUS _____ MR# _____ MD _____

PRIMARY DIAGNOSIS _____

PSYCHOSOCIAL EVALUATION:

Oriented to: ☐ Person ☐ Place ☐ Time

		YES	NO
Memory Problem:	Short Term	_____	_____
	Long Term	_____	_____
Cooperative with staff?		_____	_____

CHECK ALL THAT APPLY _____ Friendly _____ Withdrawn _____ Hostile/Angry _____ Depressed _____ Agitated _____ Forgetful
_____ Fearful _____ Demanding _____ Confused _____ Lethargic _____ Impaired Memory _____ Impaired Judgement
_____ Aware of Diagnosis _____ Motivated for Improvement _____ Wandering Risk _____ Verbal Abuse _____ Physical Abuse
_____ Socially Inappropriate Behavior _____ Prefers to be called _____

STATUS OF: Hearing _____ Vision _____ Dental _____

Communication _____ Explain: _____

SIGNIFICANT OTHER _____ Relationship _____

Family composition, involvement patterns, attitudes about placement _____

RESIDENT'S LIFESTYLE: Socialization patterns; cultural & ethnic factors; community involvement; interests;

hobbies; talents _____

EDUCATION AND OCCUPATIONAL HISTORY (include con't identification with past roles) _____

MOOD / BEHAVIOR PROBLEMS?	Psych Rx?	If yes, type and behavioral interventions

RESTRAINTS INDICATED? If yes, type and response

SUMMARY / NARRATIVE ASSESSMENT AND PLAN

DISCHARGE PLAN: Resident's Plans

Support person who will assist with discharge

Discharge expected within 30 days	31-90 days	status uncertain

Explain _____

ADVANCED DIRECTIVES: (in chart? preferred intensity of care? comments from resident)

Signature and Title _____ Date _____

Consultant _____ Date _____