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## Psychosocial Assessment

Client's preferred name: .....

Carer/Partner's name: .....

Please use this as a guide for assessment of client/carer psychosocial needs. This assessment tool is to build a picture or understanding of the client and their unit of care as unique individuals who will respond in their own way to the illness and all the changes and adjustments it brings to their lives.

There is no requirement to ask all questions and ideally information should be gained overtime in building a relationship with the client/carer.

Please date and sign all entries.

Psychosocial Assessment	Findings	Date & Signature
<p><b>Primary Carer and Significant Other</b></p> <p>This category helps to identify the support networks available to the client / carer. Primary carer and relationship – availability to provide care/nature of care or support provided. Other support provided (what / by whom / where they live / how much / how often. Identify significant others who will be impacted upon by client's illness (remember work colleagues, schools, etc.).</p>		
<p><b>Impact on mental and emotional health of the client / carer and ways of managing this impact</b></p> <p>Assessment of the impact of diagnosis, illness, its symptoms, treatment, issues of prognosis on the mental and emotional health of clients and their carers. Impact of relationship, quality of life, mood / emotional state, expressed fears and anxieties, sleep, mental health. Most difficult / stressful thing to manage at present / what helps. Does the client know who to contact to talk about what is happening or talk in more detail what is happening eg: social worker, pastoral care.</p>		

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**Client / Carer Connection – Immediate & extended support**

Identify client / carer family members by narrative and / or using a diagram of family and social dynamics:

- ◆ Who and where are they / availability?
- ◆ Nature of relationship / communication in family?

Support offered by member and where they receive support

**GENOGRAM**

**Date and Signature**

Key	
Male	□
Female	○
Marriage	—
Divorce	≠
Defacto	----
Deceased	X
Pet	◇
Friends / Other	△
Distant relationship	~
Supportive Relationship	==

Diagram of family tree and social dynamic	
Rules	
◆	Males always to the left of female
◆	Children noted oldest to youngest
◆	Names and ages to be recorded
◆	Years of marriage written above the married line
◆	Include any previous relationships and children from these relationships

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<b>Psychosocial Assessment</b>	<b>Findings</b>	<b>Date and Signature</b>
<p><b>Finances</b></p> <p>Identify any presenting financial issues for this client. Sources of hardship, extra strain costs. Does the client / carer drive? Yes                      No</p> <p>Travel assistance scheme discussed? Yes                      No</p> <p>Patient transport assistance discussed? Yes                      No</p> <p>Carer Allowance discussed? Yes                      No</p>		
<p><b>Housing</b></p> <p>Identify any issues of concern regarding housing / accommodation for client or carer. Affordable now / with change in income. Do facilities accommodate functioning now and when health status alters? Other issues of concern.</p>		
<p><b>Work History</b></p> <p>Identify for client / carer: Previous work history, meaning of work to their lives / identity. Adjustments to the change in roles / working life.</p>		
<p><b>Legal</b></p> <p>Identify any presenting or anticipated legal issues for the client / carer. Wills. Preferred place of death. Power of attorney / Guardianship / custody issues. Advance Directive / Body Donation / Organ Donation. Funeral – pre-planned, pre-arranged, special arrangement or requests.</p>		
<p><b>Cultural issues</b></p> <p>Cultural issues / needs that should be considered for this client / carers.</p>		

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<b>Psychosocial Assessment</b>	<b>Findings</b>	<b>Date and Signature</b>
<p><b>Spirituality</b></p> <p>Many people have spiritual or religious beliefs that shape their lives, including their health and experience with illness. The client / carer may like to talk about these beliefs and the role their spirituality plays in their lives. Philosophy of life / spiritual belief system – connection to specific denomination, organisation or church, place of worship. Current spiritual support. Increased need for spiritual support.</p>		
<p><b>Social/Leisure Interests and Activities</b></p> <p>Hobbies / interests / social clubs. Support required to continue this. Upcoming events / special occasions which are important.</p>		
<p><b>Substance Use</b></p> <p>Identify regular use of alcohol and other drugs, tobacco. How often, length of time used? Risk of withdrawal?</p>		
<p><b>Body Image and Sexuality</b></p> <p>Body image, confidence and self esteem. Relationships in terms of intimacy. Body functions / performance. Does the client wish to talk more about these, who can provide this support? Referral required?</p>		
<p><b>Priorities and Goals</b></p> <p>Identify the most important priority / goal for this client / carer ◆ at this time and in the future.</p>		
<p><b>Assessment summary</b></p> <p>Identify: Care planning / bereavement needs. Potential risks Strengths, resources and actions. Is referral to Social Worker indicated (please circle) Yes No</p>		