MSW Initial Assessment Visit Note

Clinician:

Patient Name (Last Name, First Name) & MRN:	Mileage:	Gender: ☐ M ☐ F	Agency Name/Branch:

Date: / /	Time In:	Time Out:	DOB: / /

Living Situation

Patient Lives *(check all that apply)*

- ☐ Alone
- ☐ With Spouse/Partner
- ☐ With Partner
- ☐ With Friend/Family
- ☐ With Religious Community
- ☐ Has Paid Caregiver (>10 hours)
- ☐ With Dependent
- ☐ Assisted Living
- ☐ Has Live-In, Paid Caregiver
- ☐ Other

Primary Caregiver	The quality of care that patient receives at home	Environmental Conditions
	○ Good ○ Adequate ○ Marginal ○ Inadequate	

Reason(s) for Referral

(check all that apply)

- ☐ Assessment for Psychosocial Coping
- ☐ Counseling re Disease Process or Management
- ☐ Family/Caregiver Coping Support
- ☐ Hospice Eligibility
- ☐ Financial/Practical Resources
- ☐ Lives Alone, No Identified Caregiver
- ☐ Solo Caregiver for Minor Children and/or Other Dependents
- ☐ Reported Noncompliance to Medical Plan of Care
- ☐ Suspected Negligence or Abuse
- ☐ Assistance with Advanced Directive/DPOA/DNR
- ☐ Other

Psychosocial Assessment

Mental Status

(check all that apply)

- ☐ Alert
- ☐ Oriented
- ☐ Cannot Determine
- ☐ Forgetful
- ☐ Lethargic
- ☐ Confused
- ☐ Disoriented
- ☐ Poor Short Term Memory
- ☐ Unconscious

Emotional Status

(check all that apply)

- ☐ Stable
- ☐ Sad
- ☐ Flat Affect
- ☐ Tearful
- ☐ Withdrawn
- ☐ Stressed
- ☐ Fearful
- ☐ Angry
- ☐ Anxious
- ☐ Other

Financial Assessment

Income Sources

	NA	NO	YES	Amount
Employment	○	○	○	
Pt Social Security	○	○	○	
Spouse Social Security	○	○	○	
Pt SSI	○	○	○	
Spouse SSI	○	○	○	
Pensions	○	○	○	
Other Income	○	○	○	
Food Stamps	○	○	○	

Total Income

Assets

	NA	NO	YES	Amount
Savings Account	○	○	○	
Owns Home (value)	○	○	○	
Owns Other Property (value)	○	○	○	
VA Aid & Assistance	○	○	○	
Other Assets	○	○	○	

Total Assets

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Transportation

Transportation for medical care provided by

Identified Problems

(check all that apply)

- ☐ Patient needs a meal prepared or delivered daily
- ☐ Patient needs assistance with housekeeping/shopping
- ☐ Patient needs daily contact to check on him/her
- ☐ Patient needs assistance with alert device (ERS, PRS)
- ☐ Patient needs transportation assistance to medical care
- ☐ Patient needs alternative living arrangements
- ☐ Patient/family reported noncompliant to medical plan of care
- ☐ Patient needs assistance with advanced directive/DPOA/DNR
- ☐ Patient needs assistance with medical/insurance forms
- ☐ Patient needs assistance with entitlement forms
- ☐ Medical costs are straining financial resources
- ☐ Psychosocial counseling indicated

Provide further information

Identified Strengths and Supports

Planned Interventions

(check all that apply)

- ☐ Psychosocial Assessment
- ☐ Counseling re Disease Process & Management
- ☐ Counseling re Family Coping
- ☐ Crisis Intervention
- ☐ Long-range Planning & Decision Making
- ☐ Develop Appropriate Support System
- ☐ Community Resource Planning & Outreach
- ☐ Stabilize Current Placement
- ☐ Determine/Locate Alternative Placement
- ☐ Financial Counseling and/or Referrals

☐ Other

Intervention Details

Plan of Care

Goals

(check all that apply)

- ☐ Adequate Support System
- ☐ Normal Grieving Process
- ☐ Appropriate Community Resource Referrals
- ☐ Mobilization of Financial Resources
- ☐ Improved Client/Family Coping
- ☐ Appropriate Goals for Care Set by Client/Family
- ☐ Stable Placement Setting

☐ Other

Signature & Title

Date: / /