

Psychosocial Admission Assessment

Individual Interviewed: Patient Spouse Family Member _____
Other _____

Date and Time of Interview _____ Admission Date _____

Patient lives with: Spouse/Others Alone Assisted Living Nursing Home

Comments: _____

Advanced Directive

Medical Power of Attorney- Y N Living Will- Y N

Name: _____ Copy of Advanced Directives requested for medical record

Phone: _____ Education supplied on Advanced Directives

Marital Status :			
M	S	W	D

Occupation – Retired Currently working Disabled

Children - _____

Family support: _____

Level of Education: Grade School High School College No formal education

Military Service _____

Religious preference _____ request for clergy – Y N

c/o pain at time of interview- _____ Notified nurse

Prior Level of Function: Independent Ambulates with AD ADLs: independent with assistance

Comments: _____

Preference Home Health Services: _____ phone _____

Preference DME company: _____ phone _____

Current & Anticipated equipment needs: _____

Discharge plan: Home Skilled Nursing / Nursing Home Assisted Living



Patient Information

History of Mental Illness History- Yes / No _____

Suicidal ideations at time of interview- Yes / No _____

Agency / community based resources used in past and/or needed post discharge: _____

Financial Difficulties: _____ How do you get your prescriptions? _____

Comments: _____

Case Manager Signature _____ Date: _____

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Discharge Summary

Discharge Statuses:

- | | | |
|---------------------|-----------------|---------------------|
| Home | Skilled Nursing | Acute Care Hospital |
| Home w/ Home Health | Hospice | Other _____ |
| Nursing Home | Acute Rehab | |

Arrangements made for:

Home Health: _____

DME: _____

Community Resources: _____

Comments: _____

Discharge Destination: _____

Case Manager Signature _____ Date: _____



Patient Information