



030009

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

SOCIAL WORK PSYCHOSOCIAL ASSESSMENT

Date: _____ Time: _____

DEMOGRAPHIC INFORMATION:

Name: _____

DOB: _____ SSN (last 4 digits): _____

Marital Status: _____ Sex: _____ Race: _____

Address: _____

Phone: _____

Distance from UVA: _____

What is the patient's mode of transportation to appointment? (check all that apply)

<input type="checkbox"/>	Walk	<input type="checkbox"/>	Taxi (self-pay)
<input type="checkbox"/>	Drives self	<input type="checkbox"/>	Handicap Transport
<input type="checkbox"/>	Public bus	<input type="checkbox"/>	Insurance funded transport
<input type="checkbox"/>	Family	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Friends	<input type="checkbox"/>	Other:

SOCIAL SUPPORT: (Specify POA, Caregiver, Durable Medical POA for Health Care, or Guardian)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Current Living Arrangements:

Home Safety/Environmental Issues:

EDUCATION/LITERACY:

FINANCIAL:

What is the patient's employment status?

Prior Employment Use 6mo prior to starting dialysis		Current Employment	
<input type="checkbox"/>	Employed full-time	<input type="checkbox"/>	Employed full-time
<input type="checkbox"/>	Employed part-time	<input type="checkbox"/>	Employed part-time
<input type="checkbox"/>	Retired	<input type="checkbox"/>	Retired
<input type="checkbox"/>	Medical Leave of Absence	<input type="checkbox"/>	Medical Leave of Absence
<input type="checkbox"/>	Not employed – by choice	<input type="checkbox"/>	Not employed – by choice
<input type="checkbox"/>	Not employed – looking for work	<input type="checkbox"/>	Not employed – looking for work
<input type="checkbox"/>	Not employed – disabled	<input type="checkbox"/>	Not employed – disabled
<input type="checkbox"/>	Patient is a minor – not employed	<input type="checkbox"/>	

If NOT working, what is the patient's vocational rehabilitation status?

- Already working with Vocational Rehabilitation agency
- Patient referred to Vocational Rehabilitation
- Patient not eligible
- Patient not interested
- Patient has expressed interest in Vocational Rehabilitation but has not followed up
- Patient looking for employment on own

Is the patient currently a student? Yes No

If YES, explain: _____

What is the patient's current insurance status?

Insurance	Active	Pending	Primary	Secondary	Other

No Insurance

Is the patient's insurance status a barrier to positive treatment outcomes?

- Yes No

If YES, explain: _____

UVA Hospital Discount Pay Range:

Prescription Resources:

MEDICAL/HEALTH HISTORY:

Diagnosis/Medical History:

Allergies:

Nutritional Issues:

Compliance History:

What is the patient's status with regard to the following social needs?

	No problems reported	Assistance in place	Referral needed or in process
Income (wages, Social Security, welfare, etc.)			
Food			
Medication			
Utilities			
Housing/Rent			
Legal			
Immigration			
Other:			
Other:			



0300009

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SOCIAL WORK PSYCHOSOCIAL ASSESSMENT

What is the patient's ability to make decisions regarding daily life?

- Independent
- Some impairment
- Severely impaired
- Unable to determine

Home Health/Other Community Support Services:

Mental Health History:

Are there signs/symptoms present for depression or anxiety problems?

- Yes
- No

If yes, referral made to:

Tobacco/Polysubstance Abuse History: (If relevant)

DEVELOPMENTAL/FAMILY HISTORY:

Family/Support System-Brief Personal/Family History:

Spiritual Affiliation/Other Key Support:

h/o Abuse/Neglect Domestic Violence:

h/o Legal Issues:

Understanding of Illness/Treatment:

Barriers to access to health/mental health services:

Specific Needs (age group, culture, etc.)

SUMMARY ASSESSMENT:

What are the patient's goals (vocational, educational, personal, etc.) for the next year?

PLAN/REFERRALS:

Social Worker: _____ Pager/PIC: _____ Date: _____