Victoria Hospice

Psychosocial Assessment

_____
(Print patient name or place patient label here)

TEAM ALERT Date of First Assessment: _____ initial: _____

_____

_____

_____

PRACTICAL CONSIDERATIONS

P.O.A.: enduring / bank / other: _____ Who is POA? _____

Decision Maker: _____ Relationship _____ Rep Agreement: yes no

Financial Support/Pensions: Income Assist ☐ CPP (disability) ☐ DVA ☐ Other _____

Financial/Housing/Employment concerns: _____ No financial concerns apparent ☐

Last Will & Testament: Discussed ☐ Estate Plan package given ☐ Will Completed ☐

Funeral Planning: Discussed ☐ F/M Plan package given ☐ Funeral Home _____

TIME OF DEATH

Details _____

Family/others requesting to be present at time of death _____

Special requests/rituals for time of death _____

SPIRITUAL CARE

Religious/Spiritual affiliation _____

Patient's description of their Spirituality _____

_____

_____

_____ Referral for Spiritual Care ☐ Date_ _____

***INFORMATION GIVEN*:** (to whom)

- ☐ Anticipatory Grief _____
- ☐ Children & Grief _____
- ☐ When Death Occurs _____
- ☐ Final Gifts _____
- ☐ Other _____

SAMPLE

Patient Assessment

Life Review (careers, interests, etc.)

Cultural Beliefs & Practices Relevant to Care

Community Supports

Strengths / Coping and Decision-making Styles / Self Care

Current Awareness of Illness / Goals / Expectations / Hopes

Fears / Concerns

Intimacy / Sexuality Issues

Losses experienced by Patient and Family

Anticipated losses

SAMPLE

FAMILY MAP

CAREGIVER ASSESSMENT

Primary Caregiver Name _____ Relationship _____ Employed _____

Physical/Psych/Medical _____

_____

Strengths/Coping/Self Care _____

_____

Concurrent Demands _____

Hopes/Fears/Other _____

Other Caregiver Name _____ Relationship _____ Employed _____

Physical/Psych/Medical _____

_____

Strengths/Coping/Self Care _____

_____

Concurrent Demands _____

Hopes/Fears/Other _____

FAMILY FUNCTIONING (communication patterns, decision making, family roles, etc.)

_____

_____

_____

_____

_____

SAMPLE