



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Social Work Assessment of Needs, PCCC

Name of Client:

Gender:

Date of Birth:

Contact Number:

Address:

GMS and Expiry Date:

PPSN:

Next of Kin in case of Emergency:

Assessment Completed by:

Date of Assessment:

Reason for Referral:

Background History

Family History, Situation Prior to Presenting Difficulties, Significant Life Events, Ethnic Origin & Language Issues, Genogram as Appropriate.

Physical and Mental Health

Include all Physical and Mental Health Problems, Physical or Sensory Disabilities, Communication Needs. Client Understanding of Condition(s), Treatments Prescribed & Compliance with Same. Health Services used in the Last Year (e.g. GP, PHN, A&E, etc) and Reason for Referral.

Cognitive Functioning

Include Presenting Problem, Onset and Diagnosis.

Impact on Functioning (e.g. Decision Making, Judgement, Aggression, Confusion, Paranoia/Delusions, Orientation in Time and Place, Wandering, Disinhibition, Ability to Handle Financial Affairs, Mental Capacity, Level of Insight).

Legal Issues

Will, Ward of Court, Power of Attorney, Contacts with Criminal Justice System, Residency Issues, etc

Activities of Daily Living

Personal Care, Physical Issues (e.g. mobility, transfers, stairs, toileting, bathing, grooming, dressing, feeding), Preparation of Food, Housework, Laundry, Shopping, etc

Relationships

Important Key Supports, Quality of Relationship with Key Family Members/Partner, Ability to Form & Maintain Relationships, Practice of Religious Faith if Appropriate.

Home Supports

Frequency of: Home Help, Day Centre, Respite, Meals On Wheels, Day Hospital, PHN, Private/ Family Services, Therapies, Services Refused.

Accommodation Issues

Type of Accommodation, Own/Renting, Living Alone, Ability to Live Independently, Areas of Difficulty, Experience of Antisocial Behaviour.

Education/Training/Occupation

Past / Present / Future, Literacy Issues.

Hobbies/Interests

(Include Past & Present also Skills/Strengths)

Financial Issues

Income and Entitlements, Budgeting Skills, Debt Issues

Carer Assessment

Current Role, Willingness and Ability to Continue, Carer Stress, Physical/Emotional Health Risks, Supports Available/Used

Addiction Issues

Alcohol, Drugs (legal / illegal), Prescribed Medication, Cigarettes, Gambling.
Past or Present Use, Treatments, Success of Same, Goals / Wishes for the Future

Risk Assessment

Self Harm, Harm to Others, Self-neglect, Vulnerabilities.
Physical, Sexual, Emotional, Psychological, Financial Abuse, Neglect

Action taken**Statutory Obligations****Client's View of Needs**

(Include Order of Priority and Solutions Suggested by Client)

Social Worker's View of Needs : Summary & Recommendations of Assessment