



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 _____

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

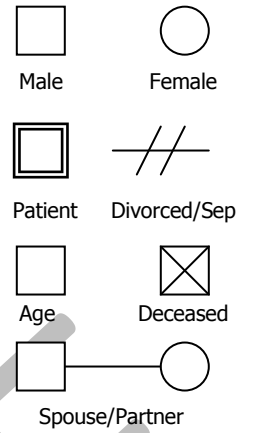
Fears / Concerns

Intimacy / Sexuality Issues

Losses experienced by Patient and Family

Anticipated losses

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.)

