

Family Planning PSYCHOSOCIAL ASSESSMENT WORKSHEET

Enrollee Name:

County:

Region Name/Number:

Program:

Care Coordinators Name:

Title:

Date:

Social Supports:

Y	N	N/A	Lives alone (if no, specify household members in notes).
Y	N	N/A	Children in household
Y	N	N/A	Negative peer groups
Y	N	N/A	Physical/ emotional support available
Y	N	N/A	Caregiver assistance needed
Y	N	N/A	Identified/developed support system
Y	N	N/A	If teen, family aware of recipient's sexuality
Y	N	N/A	Family history of teen birth
			Notes:

Community Support

Y	N	N/A	Reliable transportation
Y	N	N/A	Social support group
Y	N	N/A	Community resources needed-specify what recipient has and needs
			Notes:

Shelter/Nutrition/Communication Resources

Y	N	N/A	Adequate housing-specify (rent/own)
Y	N	N/A	Homeless
Y	N	N/A	Utilities connected
Y	N	N/A	Telephone land line-specify number
Y	N	N/A	Cell phone/ message phones-specify numbers
Y	N	N/A	Nutrition resources needed- specify what recipient received and needs
Y	N	N/A	
Y	N	N/A	
			Notes:

Economic Status

Y	N	N/A	Adequate income-specify source
Y	N	N/A	Employment assistance needed
Y	N	N/A	Medication assistance needed
Y	N	N/A	Health insurance needed-specify eligibility and needs
Y	N	N/A	Other financial benefits needed- specify received or needed (TANF, SNAP, Child support, Social Security, SSI, etc.)
			Notes:

Mental Health

Y	N	N/A	Mental Health Diagnosis
Y	N	N/A	Alcohol/drug abuse
Y	N	N/A	Eating disorder
Y	N	N/A	Stressful life events-specify
Y	N	N/A	History of psychiatric problems- specify
Y	N	N/A	Domestic violence/ sexual coercion
Y	N	N/A	Depressive symptoms
Y	N	N/A	Suicide risk
			Notes:

Parenting History

Y	N	N/A	Child/ren removed to abuse/neglect- specify
Y	N	N/A	Needs parenting skills class referral
Y	N	N/A	Birth control method used at the time of conception
Y	N	N/A	Multiple unplanned pregnancies or abortions
			Notes:

Children's Issues

Y	N	N/A	Pre-term Infant-specify
Y	N	N/A	Age appropriate development-specify
Y	N	N/A	Abuse/neglect suspected-specify
Y	N	N/A	DHR report and involvement-specify
			Notes:

Personal Characteristics

Y	N	N/A	Assertive (specify)
Y	N	N/A	Makes decisions easily
Y	N	N/A	Gets along well with authority figures
Y	N	N/A	Positive self-image (specify)
Y	N	N/A	Special interests/skills/abilities
			Notes:

Educational / Language Needed

Y	N	N/A	In school- specify
Y	N	N/A	School completed
Y	N	N/A	Achieving according to potential
Y	N	N/A	At risk for expulsion/dropping out/truancy
Y	N	N/A	Motivation to improve performance
Y	N	N/A	Need school/training (GED, Head start, day care)
Y	N	N/A	Special Education (patient/family history)
Y	N	N/A	Needs help reading, writing, remembering
Y	N	N/A	Limited English proficiency/deaf-specify
Y	N	N/A	Language/communication barriers- specify
Y	N	N/A	Interpreter needed
			Notes:

Physical Health

Y	N	N/A	Medical Condition- specify
Y	N	N/A	Understands medical condition- specify
Y	N	N/A	Needs education regarding medical condition
Y	N	N/A	Adherent with MD plan of care
Y	N	N/A	Adherent with prescribed
Y	N	N/A	Needs biomonitoring
Y	N	N/A	Home health, Waiver, DME referral needed
Y	N	N/A	Understands Family Planning /Plan First Program
Y	N	N/A	Teen needing pregnancy prevention support/education
Y	N	N/A	Referred to Primary Health Care
Y	N	N/A	MD/ Specialty referral needed- specify current care and needs
Y	N	N/A	Visited ER>1 time or hospitalized this year
Y	N	N/A	Needs biomonitoring
Y	N	N/A	Do you currently smoke cigarettes? If yes, how many do you smoke per day?
			Notes:

Stressful Life Events

Y	N	N/A	Marriage/ Divorce-specify Self or Family
Y	N	N/A	Death of significant other- specify who and when
Y	N	N/A	Arrest/charges- specify Self or Family
Y	N	N/A	Abuse/Sexual/Physical/Emotional-specify Self or Family
Y	N	N/A	Domestic problems-specify
			Notes: