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Patient Name: \_\_\_\_\_

MRN: \_\_\_\_\_

DOB: \_\_\_\_\_

## **SOCIAL WORK BIOPSYCHOSOCIAL ASSESSMENT (Downtime)**

Patient Gender Identify: \_\_\_\_\_

Family's preferred language in the Health care setting: \_\_\_\_\_

I have reviewed the interdisciplinary progress note today: ☐ Yes ☐ No

Location of consult: ☐ Inpatient ☐ Emergency Department (ED) ☐ Ambulatory

### **PURPOSE OF CONSULT**

- |   |   |
|---|---|
| <input type="checkbox"/> ED behavioral health screen  | <input type="checkbox"/> Biopsychosocial assessment       |
| <input type="checkbox"/> New diagnosis  | <input type="checkbox"/> Psychiatric crisis               |
| <input type="checkbox"/> Support/coping   | <input type="checkbox"/> Concerns with medical compliance |
| <input type="checkbox"/> Guardianship/consents  | <input type="checkbox"/> Child maltreatment               |
| <input type="checkbox"/> Resources (transportation, car seat, food assistance, referrals, housing, financial) |   |
| <input type="checkbox"/> Hospitalization greater than 7 days  | <input type="checkbox"/> Other: _____                     |

Family's Goals for Social Work (SW) Consult: \_\_\_\_\_

### **FAMILY SYSTEM**

1. Family/household composition, structure and roles (including siblings): \_\_\_\_\_
2. Legal Guardian(s): \_\_\_\_\_
3. Medical decisionmakers for patient: \_\_\_\_\_
4. Caregiver employment: \_\_\_\_\_
5. Spiritual/religious/moral tradition: \_\_\_\_\_

### **FAMILY & COMMUNITY SUPPORTS**

- ☐ Extended family
  - o \_\_\_\_\_
- ☐ Friends
- ☐ Faith community
- ☐ In-Home health care (nursing, home infusion therapies; hospice)
  - o Company name: \_\_\_\_\_
  - o Services received: \_\_\_\_\_
  - o Contact person: \_\_\_\_\_
  - o Phone number: \_\_\_\_\_
- ☐ Community-based supports
  - ☐ Ronald McDonald House (RMH)
  - ☐ Disease-related services/agency
    - o Please state: \_\_\_\_\_
  - ☐ Outpatient Physical Therapy (PT)/Occupational Therapy (OT)/Speech
    - Name of provider: \_\_\_\_\_
    - Contact information: \_\_\_\_\_
  - ☐ Community non-profit organization

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## **SOCIAL WORK BIOPSYCHOSOCIAL ASSESSMENT (Downtime)**

- ☐ Community health worker, community social worker, case manager or service coordinator
  - Name of provider: \_\_\_\_\_
  - Contact information: \_\_\_\_\_
- ☐ Support group: \_\_\_\_\_
- ☐ Mental health/substance abuse services
  - Provider name: \_\_\_\_\_
  - Phone number: \_\_\_\_\_
- ☐ Primary care provider
  - Name: \_\_\_\_\_
  - Phone number: \_\_\_\_\_
- ☐ Pharmacy
  - Name: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Phone number: \_\_\_\_\_
- ☐ Durable Medical Equipment
  - Company name: \_\_\_\_\_
  - Equipment provided: \_\_\_\_\_
  - Contact person: \_\_\_\_\_
  - Phone number: \_\_\_\_\_
  - Fax number: \_\_\_\_\_
- ☐ Transportation
  - ☐ Personal vehicle
  - ☐ Relies on friends/family
  - ☐ Relies on insurance provided transportation
    - Company name: \_\_\_\_\_
    - Phone number: \_\_\_\_\_
  - ☐ Other: \_\_\_\_\_
- ☐ Government Benefits
  - ☐ Supplemental Security Income (SSI)
  - ☐ Temporary Assistance for Needy Families (TANF)
  - ☐ Supplemental Nutrition Assistance Program (SNAP)
  - ☐ Women, Infants and Children (WIC)
    - Office location: \_\_\_\_\_
    - Phone number: \_\_\_\_\_
    - Fax number: \_\_\_\_\_
  - ☐ Mental Health/Intellectual Developmental Disability (MH/IDD)
- ☐ Vocational/rehabilitation services
- ☐ Child protective services
- ☐ Juvenile justice services
- ☐ School/employer

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**SOCIAL WORK BIOPSYCHOSOCIAL ASSESSMENT (Downtime)**

- Name: \_\_\_\_\_
- Grade level: \_\_\_\_\_
- Contact person: \_\_\_\_\_
- Phone number: \_\_\_\_\_
- Individualized Educational Plan (IEP)/504: \_\_\_\_\_

☐ Support

☐ Other: \_\_\_\_\_

**STRENGTHS OF PATIENT AND FAMILY**

- Client/caregiver-identified strengths in patient:
  - ☐ Accepts differences in others
  - ☐ Asks for help when needed
  - ☐ Courageous
  - ☐ Curious
  - ☐ Emotionally stable
  - ☐ Establishes and keeps friendships
  - ☐ Good listener
  - ☐ Good sense of humor
  - ☐ Intelligence
  - ☐ Persistence
  - ☐ Resilience
  - ☐ Not Applicable (N/A) due to age
  - ☐ Other: \_\_\_\_\_
- Client/caregiver-identified strengths in caregiver(s):
  - ☐ Accepts differences in others
  - ☐ Asks for help/support when needed
  - ☐ Courageous
  - ☐ Curious
  - ☐ Maintains physical health
  - ☐ Maintains mental health
  - ☐ Establishes and keeps friendships/relationships
  - ☐ Good listener
  - ☐ Good sense of humor
  - ☐ Intelligent
  - ☐ Strong advocacy skills
  - ☐ Resilience
  - ☐ N/A (free text reason): \_\_\_\_\_
  - ☐ Other: \_\_\_\_\_
- Observed strengths (by social worker): \_\_\_\_\_
- Observed protective factors of family system (by social worker): \_\_\_\_\_
  - ☐ Access to community-based supports and resources
  - ☐ Caregiver self-esteem

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**SOCIAL WORK BIOPSYCHOSOCIAL ASSESSMENT (Downtime)**

- ☐ Family cohesion/functioning
- ☐ Adequate health literacy
- ☐ High level of parental/caregiver education
- ☐ Multiple-caregiver household
- ☐ Self-efficacy
- ☐ Stable access to food
- ☐ Stable employment
- ☐ Stable housing
- ☐ Stable access to transportation
- ☐ Strong caregiver/child relationship
- ☐ Strong support network
- ☐ N/A (state reason): \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**PATIENT'S PHYSICAL/MEDICAL CONDITION**

Chief complaint: \_\_\_\_\_

Secondary diagnoses: \_\_\_\_\_

Physical/cognitive ability/disability: \_\_\_\_\_

Method of communication (for patient):

- ☐ Verbal
- ☐ Nonverbal
- ☐ Use of augmentative communication
- ☐ Sign language
- ☐ Gestures/facial expressions

**CAREGIVER(S) PHYSICAL AND EMOTIONAL WELL-BEING**

Current coping with hospitalization: \_\_\_\_\_

Processing/coping with patient diagnosis: \_\_\_\_\_

Underlying mental health concerns: \_\_\_\_\_

Underlying physical health concerns: \_\_\_\_\_

Barriers to caregiver efficacy/ ability to provide care to patient: \_\_\_\_\_

**FAMILY SYSTEM BARRIERS** (Drop Down)

Financial

- ☐ Loss of employment
- ☐ Reduced hours
- ☐ Underemployment
- ☐ Loss of Benefits [Social Security (SS), SSI, SNAP, Medicaid, etc.]
- ☐ Ineligible for benefits
- ☐ Other: \_\_\_\_\_

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## **SOCIAL WORK BIOPSYCHOSOCIAL ASSESSMENT (Downtime)**

### Food insecurity

- ☐ Running out of food
- ☐ Not enough money to purchase food
- ☐ Not enough money to purchase "healthy food"
- ☐ Re-directing money for food to bills/rent
- ☐ Difficulty purchasing/obtaining food while child in the hospital
- ☐ Other: \_\_\_\_\_

### Health Literacy Concerns

- ☐ Related to understanding of specific medical condition
- ☐ Related to self-management of medical condition once patient is home
- ☐ Other: \_\_\_\_\_

### Mental/behavioral health concerns

- ☐ In need of outpatient mental health services
- ☐ Community lacks mental health resources that the patient/family needs [Applied Behavioral Analysis (ABA), Functional Family Therapy (FFT), etc.]
- ☐ Prefers in-person mental health services, limited availability
- ☐ Does not engage/limited engagement with virtual mental health services
- ☐ Unable to secure a pediatric psychiatrist
- ☐ On wait list for mental health services
- ☐ Substance use
- ☐ None reported by family
- ☐ None reported by family. However, medical team/SW observes needs in this area.
- ☐ Other: \_\_\_\_\_

### Safety

- ☐ Crib safety (Does the patient have a safe space to sleep?)
- ☐ Gun safety
- ☐ Over-the-Counter (OTC) and prescription medication secured
- ☐ Abuse/neglect
- ☐ Domestic violence
- ☐ Elopement concerns
- ☐ Human/sex trafficking
- ☐ Transportation or car seat safety
- ☐ Home/community environment: \_\_\_\_\_ (explain)
- ☐ Other: \_\_\_\_\_

### School concerns

- ☐ IEP/Special Education concerns
- ☐ Bullying
- ☐ Truancy
- ☐ Medical support (nursing) needed in school
- ☐ 504 plan needed
- ☐ Home school concerns
- ☐ School performance concern/School evaluation needed
- ☐ Other: \_\_\_\_\_

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### **SOCIAL WORK BIOPSYCHOSOCIAL ASSESSMENT (Downtime)**

#### **Communication barriers (for caregivers):**

- ☐ Speech delay [Currently followed by Speech-language pathologist (SLP), No SLP]
- ☐ American Sign Language (ASL) only
- ☐ Language Spoken at home (Spanish, Dialect)
- ☐ Nonverbal

#### **Housing**

- ☐ Housing insecure
- ☐ Living in a motel
- ☐ In foreclosure
- ☐ Homeless
- ☐ Shelter
  - Name of shelter and address: \_\_\_\_\_
- ☐ Unable to afford rent/mortgage
- ☐ Owes back rent/mortgage payments
- ☐ Environmental concerns in the home (mold, black mold, water damage, pests, other)
- ☐ Other: \_\_\_\_\_

#### **Accommodations**

- ☐ RMH room request
- ☐ Sleep room request
- ☐ Ineligible for RMH
- ☐ Other: \_\_\_\_\_

#### **Adherence to medical plan**

- ☐ Family perspective on medical plan:
  - ☐ Effective/meeting the patient's needs
  - ☐ Not effective/not meeting the patient's needs
- ☐ Family identified concerns with the medical plan: \_\_\_\_\_
- ☐ Family identified needs for the medical plan: \_\_\_\_\_
- ☐ Barriers to family/provider collaboration: \_\_\_\_\_
- ☐ Provider concerns with adherence to medical plan: \_\_\_\_\_

#### **Transportation**

- ☐ Medical Assistance Transportation (e.g. Motivcare)
- ☐ Circulation
- ☐ Gas Card
- ☐ Other: \_\_\_\_\_



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## SOCIAL WORK BIOPSYCHOSOCIAL ASSESSMENT (Downtime)

### COMMENTS

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### CARE PLAN

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### SOCIAL WORK DISPOSITION

☐ No further intervention warranted

☐ Social work will continue intervention

Social worker provided contact information to family: ☐ Yes

☐ No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / Time: \_\_\_\_\_

Printed name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Legend: ED: Emergency Department; SW: Social Work; PT: Physical Therapy; OT: Occupational Therapy; SSI: Supplemental Security Income; TANF: Temporary Assistance for Needy Families; SNAP: Supplemental Nutrition Assistance Program; WIC: Women, Infants and Children; MH: Mental Health; IDD: Intellectual Developmental Disabilities; Voc: Vocational; Rehab: Rehabilitation; IEP: Individualized Education Program ; N/A: Not Applicable; SS: Social Security; etc.: Et cetera; ABA: Applied Behavior Analysis; FFT: Functional Family Therapy; SLP: Speech-Language Pathologist; ASL: American Sign Language; RMH: Ronald McDonald House; e.g.: exempli gratia

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