

Patient Name: \_\_\_\_\_  
MRN: \_\_\_\_\_  
DOB: \_\_\_\_\_



\* 1 0 0 1 2 2 \* **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**

- ED behavioral health screen
- New diagnosis
- Support/coping
- Guardianship/consents
- Resources (transportation, car seat, food assistance, referrals, housing, financial)
- Hospitalization greater than 7 days
- Biopsychosocial assessment
- Psychiatric crisis
- Concerns with medical compliance
- Child maltreatment
- 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: \_\_\_\_\_

**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
  - o 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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