

PSYCHIATRIC HEALTH FACILITY
PSYCHOSOCIAL ASSESSMENT / DISCHARGE PLAN

CONFIDENTIAL

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PATIENT NAME:

PATIENT NUMBER:

D.O.B.:

IDENTIFICATION:

NAME, RACE, HEIGHT, WEIGHT, HAIR COLOR, EYE COLOR.

SOURCES OF INFORMATION (Is patient a reliable historian?):

- 1) PATIENT INTERVIEWS (IS PATIENT ABLE/NOT ABLE TO BE A RELIABLE HISTORIAN-STATE REASON WHY-SYMPOMS)
2) CURRENT AND PREVIOUS PHF CHARTS
3) OUTPATIENT PROVIDERS
4) FAMILY
5) CLINICIANS GATEWAY

REASON FOR ADMISSION AND PATIENT'S CHIEF COMPLAINT:
CURRENT ADMISSION:

ADMITTING DIAGNOSIS BY DR. :

THE PATIENT'S CHIEF COMPLAINT:

PSYCHIATRIC & MEDICAL HISTORY:

INCLUDE ALL KNOWN PSYCHIATRIC HISTORY

Psychiatric:

History of abuse (sexual, physical, neglect or emotional; either as victim or abuser):

Suicide risk factors: List objective factors

Medical:

Substance abuse history:

SOCIAL HISTORY:

SPIRITUALITY AND CULTURAL FACTORS:

SEXUAL HISTORY AND ORIENTATION:

Family Background:

PHF Psychosocial Assessment / Discharge Plan



PATIENT NAME:

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PSYCHIATRIC HEALTH FACILITY
PSYCHOSOCIAL ASSESSMENT / DISCHARGE PLAN

Family attitudes:

Living Locations:

Childhood Development:

Social Relationships:

EDUCATIONAL:

EMPLOYMENT & FINANCIAL:

MARITAL & CHILDREN:

FORENSIC:

OTHER:

MILITARY SERVICE:

KNOWN SECLUSION & RESTRAINT HISTORY-(INCLUDING ANTECEDENTS AND SUCCESSFUL INTERVENTIONS);

ACCESS TO WEAPONS

ADVANCE DIRECTIVES FOR MEDICAL AND/OR PSYCHIATRIC HEALTHCARE: IF THE PATIENT HAS ADVANCED DIRECTIVES FOR MEDICAL AND/OR PSYCHIATRIC HEALTHCARE WE WILL ATTEMPT TO OBTAIN COPIES FOR PATIENT'S CHART. IF PATIENT DOES NOT HAVE ADVANCED DIRECTIVES FOR MEDICAL AND/OR PSYCHIATRIC HEALTHCARE, PATIENT WILL BE OFFERED INFORMATION AND EDUCATION ABOUT ADVANCED DIRECTIVES PRIOR TO DISCHARGE.

SOCIAL EVALUATION/SUMMARY OF CURRENT SITUATION:

Financial – Vocational:

Placement Resources:

Treatment Compliance:

Support System:

PATIENT NAME:

PATIENT NUMBER:

PHF Psychosocial Assessment / Discharge Plan



PSYCHIATRIC HEALTH FACILITY
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Assets and Strengths:

Problem Areas:

Treatment Resources:

AFTERCARE, DISCHARGE PLAN, CONCLUSIONS & RECOMMENDATIONS:

STEPS NECESSARY FOR DISCHARGE TO OCCUR ARE:

- 1) PATIENT (NAME) WILL RECEIVE INPATIENT TREATMENT AND MEDICATIONS AT THE PSYCHIATRIC HEALTH FACILITY.
2) PATIENT'S ACUTE SYMPTOMS INCLUDING... (EX. SUICIDALITY, PARANOIA, DELUSIONS, ETC) WILL DIMINISH
3) PATIENT WILL HAVE A VIABLE PLAN FOR FOOD, CLOTHING AND SHELTER PRIOR TO DISCHARGE.
4) OUTPATIENT HOSPITAL DISCHARGE APPOINTMENTS WILL BE ARRANGED WITH (NAME OUTPATIENT TREATMENT PROVIDER).
5) IF THE PATIENT HAS ADVANCED DIRECTIVES FOR MEDICAL AND/OR PSYCHIATRIC HEALTHCARE WE WILL ATTEMPT TO OBTAIN COPIES FOR PATIENT'S CHART. IF PATIENT DOES NOT HAVE ADVANCED DIRECTIVES FOR MEDICAL AND/OR PSYCHIATRIC HEALTHCARE, PATIENT WILL BE OFFERED INFORMATION AND EDUCATION ABOUT ADVANCED DIRECTIVES PRIOR TO DISCHARGE.

Outpatient Services & Medication:

Housing & Placement Recommendations:

Money Management:

Legal / Forensic Recommendations:

Other supportive services needed:

Form completed by (signature/discipline): Date: Time:
Revised by: _____ LCSW on: _____ (date)
Director of Social Services

PHF Psychosocial Assessment / Discharge Plan



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PATIENT NUMBER: