

**Psychosocial  
Assessment  
Update**

**Psychosocial Assessment Update Allowable within 1 year and must  
be completed within 72 hours of admission.**

Reason for readmission  
Specific reasons for readmission including patient's perceptions and reaction in patient's own words. Describe types of treatment utilized, response to and compliance with treatment; Current medical exam findings.

Social History  
Community resource contacts

Social Evaluation  
See prior living situation evaluation  
Assessment of home plans;  
Target behaviors or conditions presenting risk for re-hospitalization;  
Areas of greatest strength which offer support and improved functioning;

Discharge and Aftercare Issues  
Issues to explore prior to discharge, including prognosis for adherence to recommended treatment and aftercare plan;  
Discharge plan options, including name and type of services referred to, names of professionals and issues requiring follow-up.

**Date of Patient Readmission:**

**For Social History and Social Evaluation, please see Psychosocial Assessment and Discharge Plan dated (copy attached).**

**Strengths include:**

**Issues placing Mr./Mrs \_\_\_\_\_ at risk for re-hospitalization are (list)**

**Additional psychosocial history:**

**History of abuse:**

**Suicide risk factors:**

**Sexual history and orientation:**

**Family Background:**

**Family Attitudes:**

**Military Service:**

**Seclusion and Restraint History:**

**Access to weapons:**

**Advanced directives for medical and psychiatric care:**

**If zx has advanced directives for medical and/or psychiatric healthcare we will attempt to obtain copies for zx's chart. If zx does not have advanced directives for medical and/or psychiatric healthcare, zxxx will be offered information and education about advanced directives prior to discharge.**

**Steps necessary for discharge:**

- 1. zxxx will receive inpatient treatment and medications at the Psychiatric Health Facility.**
- 2. zxxx's acute symptoms including zxxx will diminish.**
- 3. zxxx will have and be able to follow a viable plan for food, clothing and shelter prior to discharge.**

**Santa Barbara County  
Psychiatric Health Facility  
Psychosocial Assessment Update**

**Social Worker's Signature: \_\_\_\_\_**

**Page 1**

**Date: \_\_\_\_\_ Time:**

**Patient Name:**

**Patient Number:**

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**4. Outpatient hospital discharge appointments will be arranged with ZZZX, ZX's  
outpatient treatment providers.**

**Outpatient services and medications**

**Housing and placement recommendations**

**Money management**

**Legal forensic recommendations**

**Other support services needed**

**Reviewed by: \_\_\_\_\_ LCSW on: \_\_\_\_\_ (date)  
Director of Social Service**

**Santa Barbara County  
Psychiatric Health Facility  
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**Page 2**

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**Page 4**

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