Center4PT Services

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PHYSICIAN: MD Name
PHONE: 818-123-4567
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NAME: Jane Doe
DOB: 07/06/1900

SOCIAL SERVICES EVALUATION

EPISODE: 01/09/15 - 03/09/15
02/20/15 9:00 AM - 10:00 AM 60 MIN

Reason for Evaluation ☑ **Initial**

Patient was referred to home health MSW services due to family requesting to look for a lower level of care for their mother. Patient has nine children; Four of her children are living here in California. The rest of her children are in New York and Mexico. The patient moved from New York to California - a year and a half ago. Patient recently went to the hospital due to a recent UTI. PMH: Arthritis, High Cholesterol, LBP, High Blood Pressure. Patient went to Providence Hospital on January 1, 2014 with a non-admit status.

Homebound Status

- ☑ residual weakness
- ☑ assistive device
- ☑ assistance of another person
- ☑ fall risk

leaves home with taxing effort, leaves for med appointments only

Rehabilitation Potential

- ☑ fair

Visitation Frequency

1WK1

Learning Obstacles

- ☑ mental/social
- ☑ physical disability
- ☑ language barrier
- ☑ cultural barrier
- ☑ lack of motivation
- ☑ depression
- ☑ anxiety
- ☑ pain
- ☑ fatigue

Social Conditions

- ☑ dependent on others

Mental and Emotional Status

- ☑ depressed
- ☑ feelings of hopelessness
- ☑ anxious
- ☑ unmotivated
- ☑ denial of problems
- ☑ frustrated

Cognitive Status

- ☑ memory deficit
- ☑ impaired problem solving
- ☑ Oriented to Person
- ☑ Oriented to Place
- ☑ Oriented to Reason for treatment

Physical Ability

- ☑ presence of pain
- ☑ altered ability to ambulate
- ☑ hearing impairment
- ☑ vision impairment

Pain	Pain Interferes	Pain Intensity (0-10)	Patient Satisfied w/Pain Control
		4	yes

B Knee Pain 4/10, B Shoulder Pain 4/10 - the left shoulder moreso, LBP 4/10. Taking Hydrocodone/APAP 7.5 MG/325 MG

ADL Management

- ☑ Requires assistance with Ambulation
- ☑ Requires assistance with Dressing
- ☑ Requires assistance with Bathing
- ☑ Requires assistance with Transfers
- ☑ Requires assistance with Toileting
- ☑ Requires assistance with Meal prep
- ☑ Requires assistance with Shopping
- ☑ Requires assistance with Household chores
- ☑ Requires assistance with Transportation
- ☑ Requires assistance with Medication management

Living Arrangements

- ☑ home of relative

Patient lives in a house with four steps to enter with railing on both sides. Patient lives with Jane (daughter) and Jane's husband (Bob). Family is looking for a SNF at this time. PCG (Children) are overwhelmed with level of care required by patient.

Environment Safety

- ☑ No safety problems

Financial Status

Family and patient are unsure of exact income; her income goes to a one of her son's who manages her bills and who sends her $100 per month.

Caregiver Support

- ☑ No support problems

Community Support

- ☑ No support necessary

Advance Directives

- ☑ Available: No
- ☑ needs information

Patient has no POA or other advance directives. She would like her son, David to be her POA.

Additional Comments

Caregiver Report: Patient is able to dress, self-feed and groom by herself. The patient caregiver reports that when toileting she does not clean herself well enough and therefore patient has had UTIs. There are also dynamics between the daughter and the daughter having to choose between her husband (Bob) and her mother with Jane opting to choose to take care of her husband.
Bilateral HOH. Vision: Blurry VIsion (related to Diabetes) - She was suppoesed to have cataract surgery in New York before coming to California. She was pending bilateral knee surgery in New York. Patient is seeing a psychologist: Dr. John Doe and recieving the following medications:

Alprazolam 1 MG for Anxiety
Donepezil HCL 10 MG for Dementia (Memory Deficits)
Lithium Carbonate 30 MG for Biploar Disorder

Medical Social Services Care Plan: New Goals

1. Patient's psychological/emotional needs affecting patient's physical status will be addressed within MSW Initial Evaluation visit.
2. Patient will receive necessary assistance with being placed in a nursing home within 1 week.
3. Patient will verbalize understanding of Advance Directives within MSW Initial Evaluation visit.
4. Patient will verbalize understanding of Durable Power of Attorney for Health Care (DPAHC) within MSW Initial Evaluation visit.

Medical Social Services Care Plan: New Interventions

1. Assess emotional factors
2. Assess for depression
3. Assess for memory loss

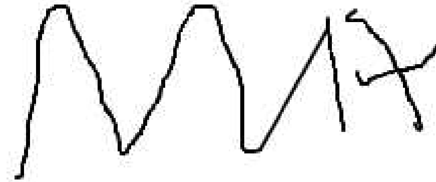
4 Develop plan & education regarding Advance Directives
5 Develop plan & education regarding Durable Power of Attorney
6 Assist with Placement: SNF
7 Recommend Referral to: Skilled Nursing

Discharge Plan

☑ when goals met

SIGNATURES:

CARE PLAN DISCUSSED WITH PATIENT/CAREGIVER AND AGREED UPON
COMPLETED AND ELECTRONICALLY SIGNED BY MARY SMITH, MSW



PATIENT'S SIGNATURE:

PHYSICIAN'S SIGNATURE: ________________________________ DATE: _______________