### PRIMARY CAREGIVER INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td>Address</td>
<td>Health Status</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>City/State/ZIP</td>
<td></td>
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<td></td>
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<tr>
<td>Phone No. (______)</td>
<td></td>
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<tr>
<td></td>
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<tr>
<td>Age</td>
<td>Male □ Female □</td>
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### SOCIAL HISTORY ASSESSMENT

#### Family System Background (General History)

- 
- 
- 

#### Family Stability

- 
- 
- 

#### Caregivers and Supporters (in Addition to Primary Caregiver)

- 
- 
- 

#### Members of Immediate Family/Significant Others Living with Patient

- 
- 
- 

#### Members of Immediate Family/Significant Others NOT Living with Patient

- 
- 
- 

#### Patient’s Most Significant Relationship

- 

#### Length of Relationship

- 

#### Patient’s Educational History (indicate number of years completed)

- Elementary __________ Jr./High/Middle School __________ High School __________ College __________ Vocational __________

#### Patient’s Occupational History

- 

#### Ethnic and Cultural Considerations

- 
- 
- 

#### Significant Losses/Crises Experienced with Family or Other Significant Others

- 
- 
- 

**PATIENT NAME—Last, First, Middle Initial**

**ID#**
Discuss the questions listed below with the patient and family. Summarize their responses in the space provided.

What has this experience been like for you? Do(es) family/patient talk about illness with you? How is that for you?

Patient:

Family:

Have there been changes in the roles of members of your family? Changes in family plans/routines?

Patient:

Family:

What are the reactions to increased dependency?

Patient:

Family:

Who/what in your community can you count on in hard times?

Who/what in your community can you count on in hard times?

RISK ASSESSMENT

Check the appropriate response for each question below. A “yes” response indicates a risk potential.

<table>
<thead>
<tr>
<th>Patient</th>
<th>Primary Caregiver</th>
</tr>
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<tbody>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

Are there children/adolescents in immediate family?

Are there dependent family members (handicapped, elderly, sick)?

Is a parent still alive?

Will death result in loss of financial provision?

Will death mean loss of constant companion/emotional support?

Will death mean loss of home (feared or actual)?

Does the family have difficulty making decisions?

Is family unable to share feelings?

Is there reluctance to face facts of illness?

Is there marital or family discord?

Are there communication difficulties in the family?

Is there a concurrent life crisis?

Has there been difficulty in dealing with previous losses?

Is the family inflexible?

Has the patient or family members had excessive or prolonged emotional problems/mental illness?

Is there a lack of community support?
Environmental Factors

Source and Adequacy of Income

Other Financial Factors

**SERVICE NEEDS**

<table>
<thead>
<tr>
<th>Does the patient need assistance in any of the areas listed below?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>Budget Counseling</td>
</tr>
<tr>
<td>Other Financial Need</td>
</tr>
<tr>
<td>Social Services</td>
</tr>
<tr>
<td>Funeral Arrangements</td>
</tr>
<tr>
<td>Legal Will Preparation</td>
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**EMOTIONAL ASSESSMENT**

<table>
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<tr>
<th>Is the patient exhibiting or experiencing the following?</th>
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<tbody>
<tr>
<td><strong>YES</strong></td>
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<tr>
<td>Memory Problems</td>
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<tr>
<td>Changes in Sleep Patterns</td>
</tr>
<tr>
<td>Anxiety</td>
</tr>
<tr>
<td>Alertness</td>
</tr>
<tr>
<td>Lethargy</td>
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</table>

Does the patient have impaired comprehension, judgment, or reasoning? □ Yes (if yes, explain) □ No

**COMMENTS ON PATIENT/FAMILY RISK POTENTIAL AND EMOTIONAL STATUS** (Discuss risk potential of patient/family and the primary problems observed. Include family dynamics, present and anticipated coping, support systems, etc. Also include grief potential within the family and any factors that would influence the intensity or level of grief.)

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