

Sample HUD-VASH Psychosocial Assessment Template

SECTION 1 DEMOGRAPHICS:

(auto populate from CPRS)

ADDRESS:

PHONE: PATIENT PHONE -

DOB:

ADMISSION DATE:

EMERGENCY CONTACT

NAME:

ADDRESS:

PHONE:

RELATION:

GENDER:

RACE:

REQUIRES TRANSLATOR?:

MARITAL STATUS:

SECTION 2 HISTORY:

PT REFERRED FROM

PRESENTING PROBLEM:

MEDICAL/CURRENT MEDICAL PROBLEMS:

PSYCHIATRIC HISTORY/ADJUSTMENTS TO DISABILITIES:

ACTIVE MEDICATIONS:

Active Outpatient Medications (including Supplies):
(auto populates from CPRS)

ALLERGIES:
(auto populates from CPRS)

VETERAN REQUIRES THE FOLLOWING ASSISTIVE TECHNOLOGY:
(choices)
☐None, ☐Hearing aid(s), ☐PDA, ☐Touch screens, ☐Electronic pointing devices, ☐Braille embosser, ☐Screen enlarger, ☐Screen reader, ☐Text to speech, ☐TTY/TDD, ☐Sip and puff system to facilitate, breathing, ☐Service dog, ☐other

ADL: Pt is independent dependent.

IS VETERAN MEDICALLY FRAGILE?: No/Yes

TOBACCO USE: Pt is not currently using any tobacco products.
Pt is using tobacco products.

IS PT INTERESTED IN SMOKING CESSATION TREATMENT? YES/No

NON-MILITARY TRAUMA : No / Yes

Pt responded 'yes' when asked if he/she experienced any non-military trauma.

Pt indicated he/she experienced the following non-military trauma:

☐Crime victim, ☐accident victim, ☐hurricane, ☐natural disaster, ☐tornado, ☐abuse, ☐domestic violence ☐other

(narrative section follows with recommendation to consider LEC and/or PCL-C)

CHRONIC PAIN No / Yes

Pt endorses chronic pain.

Pt referred for further evaluation of chronic pain

Veteran has exhibited past acts of self-harm.

☐ Superficial cutting, ☐ Burning, ☐ Biting, ☐ Hitting, ☐ Scraping, ☐ Frequent accidents, ☐ Binge eating, ☐ Hair pulling, ☐ Bone-breaking, ☐ Interfering with wound healing, ☐ Substance abuse

Comment:

SIGNIFICANT WEIGHT CHANGE

Pt reports a weight change of 10 pounds or more in the past 90 days

A referral for a Nutrition Assessment was initiated for this patient.

Nature of Wt change:

SECTION 3 MILITARY EXPERIENCE

BRANCH OF MILITARY: ☐ US Army, ☐ US Navy, ☐ US Marine Corps, ☐ US Air Force

DATES OF SERVICE: PERIOD OF SERVICE - *(auto populates from CPRS)*

TYPE OF DISCHARGE: ☐ Honorable, ☐ General under honorable conditions, ☐ Convenience of the Government, ☐ Medical, ☐ Dishonorable

DEPLOYMENT: NO/YES

MST (ADST): NO/YES

COMBAT: NO/YES

COMBAT TRAUMA: NO/YES

SECTION 4: SUICIDE/HOMICIDE/VIOLENCE RISK

If Veteran endorses suicidal ideation, intent, plan (*this opens to Suicide Assessment Template*)

Veteran denies suicidal ideation, intent, or plan. (*no comment required*)

HOMICIDE/VIOLENCE RISK: select all that apply

☐None, ☐Homicidal/violent ideation, ☐Homicide/violent plan,
☐Access to means to implement a plan, ☐Access to firearms,
☐Sense of hopelessness, ☐History of violence, ☐History of
impulsivity, ☐History of substance abuse

(*If there are risk factors then you must respond to the next two categories*)

PROTECTIVE FACTORS: (select all that apply)

☐None, ☐Evidence of accessible and positively motivated social
supports, ☐Therapeutic alliance with Mental Health professional,
☐Pt. has a dependent relying on the pt for primary care and/or
support, ☐Future-oriented plans and commitments, ☐Verbalizes
hope

ASSESSMENT OF RISK: (select all that apply)

☐None, ☐Evidence of accessible and positively motivated social
supports, ☐Therapeutic alliance with a mental health
professional, ☐Children, ☐spouse or aging parent dependent on
the patient for primary care., ☐Future-oriented plans and
commitments, ☐Verbalizes hope and belief in positive change

SECTION 5 ADDICTION HISTORY AND TREATMENT: NO/YES

(If Yes)

Pt reports a history of addiction and/or treatment for
addiction. (Select all that apply)

☐Nicotine, ☐Caffeine, ☐Alcohol, ☐Cocaine, ☐Crack
☐Cannabis, ☐Heroin, ☐Benzodiazepines, ☐Amphetamines,
☐Ecstasy, ☐Crystal Meth-amphetamine, ☐Opioids, ☐Prescription
pain medication, ☐Xanax, ☐Valium, ☐Street Methadone,
☐Gambling, ☐Food, ☐Sex, ☐Drug courier ☐Other:

Provide a full history of addiction and treatment as well as
outcomes of treatment.

SECTION 6 FAMILY/MARITAL/CHILDHOOD/DEVELOPMENTAL HISTORY
RELATIONSHIP HISTORY-

Childhood and current family: (select all that apply)

☐Normal, ☐Physical abuse, ☐Verbal abuse, ☐Emotional abuse,
☐Sexual abuse, ☐Poor relationships, ☐Orphaned, ☐No contact
with family of origin, ☐Positive, ☐Conflicted

Current Peer group: (select all that apply) ☐strong multi-
layered social network, ☐adequate social network, ☐limited
social network and relationships, ☐reports conflicts in many
areas ☐social interaction

Comment:

IS FAMILY/LEGAL GUARDIAN PRESENT/AVAILABLE TO OFFER ADDITIONAL
INFORMATION?: No/Yes

ABUSE HISTORY

A history of abuse was reported by the pt. and elaborated
upon.

☐Physical, ☐Emotional, ☐Sexual, ☐Economic, ☐Exploitation,
☐Neglect, ☐Maltreatment, ☐Drug courier, ☐Other

Comment:

History of family mental illness YES/NO

Comment:

Family history of substance abuse YES/NO

Comment:

Family history of medical illness YES/NO

Comment:

SECTION 7 FINANCES/EDUCATION/HOUSING

INCOME SOURCE

- ☐ Veteran's income is derived from paid employment .
 - ☐ Veteran's income is derived from entitlement program: SSI
 - ☐ Veteran's income is derived from entitlement program PA
 - ☐ Veteran's income is derived from NSC Pension.
 - ☐ Veteran's income is derived from disability program: SSDI.
 - ☐ Veteran's income is derived from disability program: VA SC.
 - ☐ Veteran's income is derived from disability program:
 - ☐ Veteran receives unemployment insurance.
 - ☐ Veteran's income is derived from retirement pension .
 - ☐ Veteran's income is derived from SS.
 - ☐ Veteran's income is derived from retirement pension and SS
 - ☐ Veteran's income is derived from workers compensation
-
- ☐ Veteran able to manage finances independently.
 - ☐ Veteran unable to manage finances independently
 - ☐ Veteran requires a fiduciary-referral initiated
 - ☐ Veteran has a fiduciary.

EDUCATION

EDUCATION:

- ☐ Veteran completed High School
- ☐ GED
- ☐ Technical School
- ☐ Some college
- ☐ College degree
- ☐ Masters level
- ☐ Professional school

INTEREST IN VOCATIONAL TRAINING/EMPLOYMENT: Based on my (need, preference, goal, desire)

- ☐ I am interested in the CWT program
- ☐ I am not interested in the CWT program.
- ☐ I am not interested in vocational or rehabilitative training/services.
- ☐ I am interested in vocational or rehabilitative training/services
- ☐ I am interested in job/career training
- ☐ I am interested in attending college, I am not interested in further education at this time

ACADEMIC PERFORMANCE

Veteran ☐did/☐did not endorse behavioral problems in school

Veteran ☐did/☐did not endorse learning disability

Veteran rates his/her academic performance as ☐Average, ☐below average, ☐above average, ☐poor

Veteran classifies his/her attitude toward academic achievement as ☐poor, ☐acceptable, ☐disappointed, ☐satisfactory

Comment:

HOUSING

TYPE OF RESIDENCE:

- ☐Section 8
- ☐homeless
- ☐living in shelter
- ☐lives with family/friends
- ☐GPD
- ☐Supportive Housing

DURATION:

- ☐Chronically homeless 1 yr or more
- ☐Homeless 3 -4 times in past year
- ☐Living in current residence

MEMBERS IN HOUSEHOLD-VETERAN LIVES

- ☐Alone
- ☐With spouse/SO/Partner
- ☐With spouse and children
- ☐With children
- ☐With parent(s)
- ☐With friend(s)
- ☐With siblings
- ☐With extended family

Pt is at risk for homelessness. HUD/VASH notified via alert for inclusion in housing data base

SECTION 8 SPIRITUAL/ETHNIC/SOCIAL/LEGAL FACTORS

SPIRITUALITY

Veteran does/ does not believe in a higher power that supports self-worth and positive life values.

Veteran does/does not identify with a religion.

Veteran does/ does not have spiritual practices that would affect the recovery process.

Veteran would like to speak with a chaplain.

ETHNIC/CULTURE ISSUES

The pt's ethnic/cultural self-identity is

Pt does/does not believe there are any ethnic or cultural issues that will interfere with treatment.

Comment:

SOCIAL

LEISURE ACTIVITIES:

List and comment

SOCIAL SKILLS

MATURITY: comment

JUDGEMENT: comment

COMMUNICATION: comment

COMMUNITY SUPPORT

- ☐ Family
- ☐ Friends
- ☐ Community/Service System
- ☐ None

QUALITY OF SUPPORT:

- ☐ positive
- ☐ poor
- ☐ no Support

LEGAL HISTORY

- ☐ Veteran has no legal problems or history
- ☐ Veteran has previous history of conviction/sentence but none currently,
- ☐ Veteran has active court case regarding:
- ☐ Veteran is on parole/probation
- ☐ Veteran has no history of assault/violence toward others,

PO Information:

- ☐ Veteran has a history of assault/violence as follows:
- ☐ Veteran convicted of Domestic Violence
- ☐ Veteran identified as known Sex Offender
- ☐ Veteran convicted of child abuse (neglect/maltreatment)
- ☐ Veteran convicted of elder abuse
- ☐ Veteran has an order of protection against him/her .

Comment:

SEXUAL HISTORY

Pt denies engaging in risky sexual behavior(s).

SECTION 9 RISK ASSESSMENT AND COPING

ACUTE RISK FACTORS

After discussion with the pt, there do not appear to be acute psychosocial risk factors.

After discussion with the pt, there are psychosocial risk factors which include:

COPING/MANAGING STRESSORS: Coping well/ coping poorly

Veteran states he/she is having difficulty coping/managing his/her stressors.

Veteran referred for outpatient Social Work case management.

ACCEPTANCE OF NEED FOR TREATMENT AND MOTIVATION FOR CHANGE

- ☐ Veteran is highly motivated for treatment
- ☐ Veteran is moderately motivated for treatment
- ☐ Veteran is minimally motivated for treatment
- ☐ Veteran is ambivalent about treatment
- ☐ Veteran is resistant to treatment
- ☐ Veteran verbalized low motivation for treatment
- ☐ Veteran verbalized no motivation for treatment
- ☐ Veteran refuses treatment offered.

SECTION 10 ADVANCED DIRECTIVES

Veteran oriented to advanced directives and MH-ADD:

- ☐ Information provided
- ☐ Not interested at this time
- ☐ desires MH-AD - complete in CPRS AD note

SECTION 11 INTEGRATED SUMMARY

This veteran is a year old who identified the following stressors:

The veteran is seeking help for the following problems:

(Each element has drop down box with appropriate options)

ORIENTATION AND CONSCIOUSNESS:

APPEARANCE:

BEHAVIOR:

SPEECH:

LANGUAGE:

MOOD:

AFFECT:

PERCEPTUAL DISTURBANCES:

THOUGHT PROCESSES AND ASSOCIATION:

THOUGHT CONTENT:

SUICIDAL IDEATION:

VIOLENT IDEATION:

INSIGHT:

JUDGEMENT:

MEMORY:

FUND OF KNOWLEDGE:

LIFE GOALS/HOPES FOR THE FUTURE:

COMMUNITY:

- ☐ I would like to feel more a part of my community/society
- ☐ I want to make a contribution to improve my (family, community, society)
- ☐ I hope to have a strong fulfilling social life
- ☐ I would like to lead a law abiding lifestyle in the community.

INTERPERSONAL RELATIONSHIPS:

- ☐ I would like to develop deep and lasting relationships
- ☐ I would like to be respected by others

EMOTIONAL/SPIRITUAL:

- ☐ I would like to feel better about myself and increase my self-respect
- ☐ I would like to feel more secure, I want to be able to enjoy my life
- ☐ I would like to live a life that is closer to my ideals and values
- ☐ I would like to live in a more positive way
- ☐ I would like to attain and sustain good emotional health
- ☐ I hope to attain and sustain participation in positive leisure activities
- ☐ I hope to attain emotional stability
- ☐ I hope to attain an improved spiritual outlook and positive life values

RECOVERY:

- ☐ I hope to attain and maintain mental health
- ☐ I hope to attain and maintain sobriety

EMPLOYMENT/EDUCATION:

- ☐ I hope to attain a stable and sustainable work situation
- ☐ I hope to attain needed education and training

HOUSING:

- ☐ I hope to attain a stable and sustainable living situation

STRENGTHS:

- ☐ I have strong family personal relationships or supports in the community
- ☐ I have financial stability and resources.
- ☐ I have leisure activities
- ☐ I have stable housing
- ☐ I am motivated
- ☐ I am open to learn and understand my illness
- ☐ I am resilient.
- ☐ I have participated successfully in treatment in the past
- ☐ I have a strong sense of values and spiritual grounding.

Other:

NEEDS:

- ☐ I have a need for basic necessities (food, clothing, housing)
- ☐ I have a need for employment
- ☐ I have a need for education or training
- ☐ I have a need for improved relationships with family or friends,
- ☐ I have a need for improved health (physical, mental, emotional, recovery)
- ☐ I have a need for improved community support system
- ☐ I need an improved spiritual life, positive values, or religious support
- ☐ Other:

PREFERENCES:

- ☐ I have a preference for outpatient care (short or long term)
- ☐ I have a need for inpatient or residential care (short or long term)
- ☐ I have a preference for residential care
- ☐ I prefer a specialized treatment program (PTSD, OEF, Substance, Woman's PGM)
- ☐ I have a preference for a male counselor
- ☐ I have a preference for a female counselor.
- ☐ I have a preference for individual therapy
- ☐ I have a preference for group counseling

BARRIERS:

- ☐ My inadequate access to basic necessities (food, clothing, housing) is a barrier
- ☐ My lack of employment, education, training is a barrier
- ☐ My lack of positive relationships with family, friends is a barrier
- ☐ My health condition (physical, mental, emotional) is a barrier,
- ☐ My lack of supports within the community is a barrier
- ☐ My lack of positive life values
- ☐ My lack of spirituality is a barrier
- Other:

ABILITIES:

- ☐ I am very good at managing my money which will help me achieve my goals.
- ☐ I am very good at maintaining solid relationships, which will Help me achieve my goals.
- ☐ I am very good at managing my time, which will help me achieve my goals.
- ☐ I am a very focused person, which will help me achieve my

Goals.

☐ I am an emotionally stable person which will help me achieve my Goals.

☐ I am able to plan ahead, which will help me to achieve my goals.

Treatment Goals:

PRELIMINARY DIAGNOSIS:

AXIS I:

No Dx on Axis I, Adjustment Disorder, Adjustment disorder mixed anxiety/depression, Major Depression, Bipolar Disorder Manic, Bipolar Mixed, Generalized Anxiety Disorder, PTSD, Schizophrenia, Dementia, Alcohol Dependence, Cocaine Abuse, Opiate Dependence, Abuse of Prescription Medications

AXIS II: None, Deferred, Antisocial, Borderline, Dependent, Histrionic, Narcissistic, Obsessive-Compulsive, Paranoid, Schizoid, Schizotypal, NOS, No diagnosis on AXIS II

AXIS III:

AXIS IV: CURRENT PSYCHOSOCIAL STRESSORS:

- ☐ None
- ☐ Housing
- ☐ Primary support group
- ☐ Social environment
- ☐ Education
- ☐ Financial
- ☐ Access to healthcare
- ☐ Legal
- ☐ Job-related problems
- ☐ Return from war zone
- ☐ Marital problems
- ☐ Medical illness
- ☐ Recent traumatic event

AXIS V: GAF:

PRELIMINARY RECOMMENDATIONS FOR TREATMENT: