

### Students and Field Instructors:

As per field curriculum course requirements, a biopsychosocial assessment must be completed on each client assigned to the student intern. All outline items shall be completed for each client assessment. The student may use the agency assessment instrument when it contains all of the items listed below, otherwise utilize the remaining issues as an addendum to complete the assignment and for the student's learning.

## Client Systems Assessment Outline

### **I. Identifying Information (Descriptive)**

Name

Age, Sex, Race

Ethnic background

Current employment

Marital status

Household composition and circumstances (current living situation)

### **II. Initial Presentation:**

A. Appearance, orientation, overt behavioral or cognitive symptoms

B. Presenting Problem:

1. Problem as reported by the client

2. Problem as reported by the referring person (if applicable)

C. Who made the initial contact?

D. Onset of the problem, duration, severity

### **III. Brief History**

A. Family Background, including inter-generational themes, family dynamics, cultural assessment

B. Relevant medical /developmental history

### **IV. Current Functioning**

A. Current Stressors

B. Relationships: family, friends, co-workers

C. Adequacy of Role Functioning

D. Coping and Adaptive skills (strengths)

E. Barriers, risks affecting the problem

### **V. Assessment tools**

A. Eco map

B. Genogram

C. Culturagram

D. Risk Assessment (suicide, homicide, violence, child abuse, domestic violence, substance abuse)

E. Assessment Worksheet

### **VI. Self Assessment:**

A. Ethical dilemmas

B. Counter transference issues

C. Social work roles and techniques you used during the initial phases

### **VII. Summary**

A. Overview/summary of the current issue, stressors, strengths

B. What do you think is going on at the micro/mezzo/macro levels?

C. Some initial steps towards a solution

**Assessment Worksheet**

	<b>Identifying information</b>	<b>Initial Presentation summary:</b> --appearance --orientation --overt behavioral/cognitive -- symptoms --who made contact --problem onset	<b>Brief History</b> --family background --summarize: ecomap culturagram genogram risk assessment --developmental/ medical history	<b>Current Functioning</b> --current stressors --relationships --role adequacy --coping & adaptive --barriers	<b>Summary</b> --Overview of current issue, stressors, strengths --initial steps towards a solution
<b>Micro level</b>					
<b>Mezzo level</b>					
<b>Macro level</b>					

**SERVICE PLAN**

Date of Plan \_\_\_\_\_

Social Worker \_\_\_\_\_

Family \_\_\_\_\_

<b>CONCERN/ ISSUES TO BE ADDRESSED</b>	<b>GOALS/SPECIFIC ACTIVITIES</b> Include Person Responsible for Each Activity identify each activity/step that will occur	<b>TARGET DATES</b>	<b>NOTES, COMMENTS, PROGRESS</b>

The following section is included for demonstration purposes, and is not required)

Client Signature \_\_\_\_\_ Date \_\_\_\_\_ Staff Signature \_\_\_\_\_ Date \_\_\_\_\_ Review Dates \_\_\_\_\_

### RISK ASSESSMENT GRID

	Suicidal Ideation	Homicidal Ideation	Physical Aggression	Suspected Child Abuse/Neglect	Domestic Violence	Elder Abuse	Substance Abuse	Psychotic Thought Processes
Past Issues: onset, duration, severity								
Current Risk Rating								
Method of Assessment								
Actions Taken								

**Ratings:**

- 0 = Not applicable
- 1 = Minimal risk
- 2 = Low risk
- 3 = Medium risk
- 4 = High risk: requires immediate intervention