



Clinical ID: _____

Remove before transfer to study team

Patient Centred Assessment Method

ID: 2 _____

Date: __ / __ / 20__

PCAM vs 1-2

<p>Instructions: Use this assessment as a guide, ask questions in your own words during the consultation to help you answer each question. Circle one option in each section to reflect the level of complexity relating to this client. To be completed either during or after the consultation.</p>			
<p>Health and Well-being</p>			
<p>1. Thinking about your patient's physical health needs, are there any symptoms or problems (risk indicators) you are unsure about that require further investigation?</p>			
No identified areas of uncertainty <u>or</u> problems already being investigated	Mild, vague physical symptoms <u>or</u> problems; <u>but</u> do not impact on daily life or are not of concern to client	Moderate to severe symptoms <u>or</u> problems that impact on daily life	Severe symptoms <u>or</u> problems that cause significant impact on daily life
<p>2. Are your patient's physical health problems impacting on their mental well-being?</p>			
No identified areas of concern	Mild impact on mental well-being e.g. "feeling fed-up", "reduced enjoyment"	Moderate to severe impact upon mental well-being and preventing enjoyment of usual activities	Severe impact upon mental well-being and preventing engagement with usual activities
<p>3. Are there any problems with your patient's lifestyle behaviours (smoking, alcohol, drugs, diet, exercise) that are impacting on physical or mental well-being?</p>			
No identified areas of concern	Some mild concern of potential negative impact on well-being	Moderate to severe impact on client's well-being, preventing enjoyment of usual activities	Severe impact on client's well-being with additional potential impact on others
<p>4. Do you have any other concerns about your patient's mental well-being? How would you rate the severity or impact on the patient?</p>			
No identified areas of concern	Mild problems – don't interfere with usual activities	Moderate to severe problems that interfere with usual activities	Severe problems impairing most daily activities
<p>Social environment</p>			
<p>1. How would you rate their home environment in terms of safety and stability? (including domestic violence, insecure tenancy, neighbour harassment)</p>			
Consistently safe, supportive, stable. No identified problems	Safe, stable, but with some inconsistency	Safety / stability questionable	Unsafe and unstable
<p>2. How do daily activities impact on the patient's well-being? (include current or anticipated employment, work or caring responsibilities)</p>			
No identified problems or perceived positive benefits	Some general dissatisfaction but no concern	Contributes to low mood or stress at times	Severe impact on poor mental well-being

3. How strong would you consider their social network to be? (family, friends, work)			
Good participation with social networks	Adequate participation with social networks	Restricted participation with some degree of social isolation	Little participation, lonely and socially isolated
4. How stable do you consider their financial resources ? (include ability to afford all required care and medical costs or ability to live well)			
Financially secure, resources adequate. No, identified problems	Financially secure, some resource challenges	Financially insecure, some resource challenges	Financially insecure, very few resources, immediate challenges
Health literacy and communication (ability to find, understand and use information to live well)			
1. How well does the patient now understand their health and well-being (symptoms, signs or risk factors) and what they need to do to manage their health or access support?			
Reasonable to good understanding and already engages in managing health or is willing to undertake better management	Reasonable to good understanding <u>but</u> do not feel able to engage with advice at this time	Little understanding which impacts on their ability to undertake better management	Poor understanding with significant impact on ability to manage health
2. How well do you think your patient can engage in healthcare discussions (barriers include language, deafness, aphasia, alcohol or drug problems, learning difficulties, concentration, health beliefs, lack of understanding)?			
Clear and open communication, no identified barriers	Adequate communication, with or without minor barriers	Some difficulties in communication, with or without moderate barriers	Serious difficulties in communication, with severe barriers
Support for Client			
1. Do other services / support need to be involved to help this patient?			
Other care / services not required at this time	Other care / services in place and adequate	Other care / services in place, but not sufficient	Other care / services not in place and required
2. Are services / support involved with this patient well coordinated?			
All required care / services in place and well coordinated	Required care / services in place and adequately coordinated	Required care / services in place with some coordination barriers	Required care / services missing and / or fragmented

Routine care	Active monitoring	Plan action	Act now
What action is required?	Who needs to be involved?	Barriers to action?	What action will be taken?
Notes:			