



Case Management
Client Comprehensive Needs Assessment



July 2006 - June 2007

Client Name: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Level of Case Management: [ ] I [ ] II \* [ ] III \* Date: \_\_\_\_\_

\*Case Management Levels II and III require a case management service care plan developed and on file.

Client indicates need for additional assistance: [ ] NO [ ] YES (if Yes, continue with assessment)

Access to Services

1. Where do you usually go for health-related problems or information?

[ ] Doctor (name): \_\_\_\_\_

Last seen: \_\_\_\_\_

[ ] Hospital (name): \_\_\_\_\_

[ ] Public Health Clinic (name): \_\_\_\_\_

[ ] Alternative healing (name): \_\_\_\_\_
(herbs, hypnotism, aromatherapy, massage, curandero, etc.)

[ ] Other: \_\_\_\_\_

Social Resources

1. Do you have a support system, friends, or family in whom you can confide?

[ ] Yes

[ ] No

2. How would you describe the emotional support you receive from friends and family?

[ ] Very caring

[ ] Adequate

[ ] Sometimes adequate

[ ] Never adequate

3. What difficulties might affect your ability to obtain diagnostic procedures or keep follow-up appointments?

[ ] Transportation

[ ] Languages spoken at facility

[ ] Need interpretation of diagnostic procedures

[ ] Can't leave work

[ ] Need for child care

[ ] Need help making appointments

[ ] Lack of money

[ ] Other \_\_\_\_\_

Education and Counseling Needs

1. What issues concerning diagnostic procedures or treatments are of concern to you? (Check all that apply)

[ ] Discomfort or pain in procedures

[ ] Worry how procedures are done

[ ] Embarrassment

[ ] Fear of cancer

[ ] Overwhelmed by information

[ ] Feelings of anger, sadness

[ ] Language barrier to understanding medical terminology

[ ] Relationship with spouse/partner/friends

[ ] Intimacy or sexual concerns

[ ] Body image (disfigurement)

[ ] Finances, cost of procedure

[ ] Loss of employment

[ ] Other \_\_\_\_\_

STATEMENT OF UNDERSTANDING

Refused/Declined

[ ] I understand the recommendations for follow-up of my abnormal findings. I decline to receive/seek care.

Client Signature \_\_\_\_\_

Client Phone Conversation \_\_\_\_\_

Case Manager Signature \_\_\_\_\_

Date \_\_\_\_\_

Lost to Follow-up

Client called on \_\_\_\_\_

Client sent registered letter on \_\_\_\_\_

Client paid personal visit on \_\_\_\_\_

Case Manager Signature \_\_\_\_\_

Date \_\_\_\_\_