

**COMPREHENSIVE ASSESSMENT FORM CORK/KERRY
REGION**

GENERAL INFORMATION

Name of Client:		Male	Age
Date of Birth		Female	

Source of referral:
Date of referral:
What is the primary reason for your referral/access to this service:

Name of worker carrying out assessment:
Position within agency:
Name of agency:
Date of assessment:

General Physical Health

Needs in relation to health or children's health:

Any dentistry needs:

Any needs in relation to a disability:

Any operations/illnesses that require support:

Services currently involved or which have been involved in your health care:
Name & Org

Phone/email:

Interventions/supports:

Case live:

Have you difficulty in taking your prescribed medication:

Viral check: Have you ever been screened for Hep C Yes No

Have you ever been screened for HIV

Have you ever received information on sexual health

What progress support is required in this general health area – short term:

(Note: if no medical card then this is a priority)

Goals– long term:

Mental Health

Current needs in relation to mental health/wellbeing:

Detail needs and any relevant case history:

Interest in accessing counselling:

Needs around depression, anxiety, general esteem:

Any mental health diagnosis:

Services currently involved or which have been involved e.g psychiatrist, outpatient support, hospital etc

Name & Org:

Phone/email:

Interventions/supports:

Case live:

(Prior to next question please state that it is a sensitive question but is required to ensure formulation of best care plan for individual)

Is there a history of self harm or suicide:

What progress is required in this area of mental health – short term

Goals long term:

FAMILY & RELATIONSHIPS

Detail children names, ages and where they are living:

Any need/concerns in relation to family and/or relationship:

Services currently involved or previously involved:

Name & Org:

Phone/email:

Interventions/supports

Case live:

What supports/progress are required in this area of family & relationships – short term:
(Are supports needed to assist in strengthening relationships (partner, spouse family))

Goals long term in this area of family & relationship:

EDUCATION/TRAINING

Are there needs/interests in relation to further education and training:

Age left primary or secondary school:

Highest level completed (e.g primary incomplete, junior cert, still in education, third level)

Services currently involved or previously involved in supporting education/training:

Name & Org:

Phone/email:

Interventions/supports:

Case live:

Any problems in school:

Literacy or learning difficulties/and related support needs:

Education and training that has been completed:

Current or past engagement in FAS, C.E scheme:

Current education interests:

What supports progress are required in this area of education – short term

Goals long term:

EMPLOYMENT

Needs and concerns in relation to employment:

Work status (e.g paid employment, FAS, housewife/househusband, student, unemployed)

Work History:

Any barriers to work (e,g literacy)

Services currently involved or which have been involved (e.g LES, FAS)

Name & Org:

Phone/email:

Interventions/supports

Case Live:

Employment interests:

What supports progress is required in this area of employment – short term

Goal long term:

ACCOMMODATION

Needs and concerns in relation to accommodation:

History of service involvement with reasons for leaving accommodation:

History of evictions:

Rough sleeping:

Area of origin:

Other housing needs:

Which children are living with you:

Services currently involved or which have been involved:

Name &Org:

Phone/Email:

Interventions/supports:

Case Live:

If homeless are they registered on the housing list or with the local assessment and placement service:

What supports/progress are required in this area of accommodation – Short term.

Goals long term:

INCOME & FINANCIAL SITUATION

Needs and concerns in relation to income and financial situation:

Sources of income and weekly income:

Outstanding debts (what is this related to; i.e general expenses, drugs, gambling etc)

Services currently involved or which have been involved e.g CWO, VDP, MABS:

Name & Org:

Phone/Email

Interventions/supports:

Case Live:

Current bank account:

Photo ID:

What supports/ progress are required in this area of finance – short term:

Goals long term:

ALCOHOL USE

Age of 1st use:

Evidence of harmful use:

Evidence of withdrawal symptoms:

Services currently involved or which have been involved e.g treatment centers, counsellors.

Name & Org:

Phone/email:

Interventions/supports:

Case Live:

Financial cost of use:

Consequence of alcohol use e.g health, social, economic, legal:

What supports/progress are required in this area of alcohol use – short term

Goals long term:

DRUG USE

Age of 1st use

Evidence of harmful use:

Evidence of withdrawal symptoms:

Services currently involved or which have been involved e.g treatment centres, counsellors.

Name & Org:

Phone/email:

Interventions/supports:

Case Live:

Financial cost of use:

Means of financing use:

Consequences of drug use e,g health, social, economic, legal:

What supports/progress are required in the area of drug use – short term

Goals long term:

SOCIAL SUPPORTS

Would there be benefit in more or different social supports/social outlets at present:

Services currently involved or which have been involved:

Name & Org:

Phone/email:

Interventions/supports:

Case Live:

Hobbies – old or new:

Social outlets/activities old or new:

What supports/progress are required in this area of social support – short term:

Goals long term:

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JUSTICE & LEGAL ISSUES

Outstanding warrants or charges:

Needs and concerns in relation to legal issues:

Upcoming court dates:

Criminal record:

Time in prison:

Services currently involved or which have been involved e.g probation

Name & Org:

Phone/email:

Interventions/supports:

Case Live:

What supports/progress are required in this area of legal – short term:

Goals long term:

ASSESSMENT OF PRIORITIES

What are your main priorities over the next three months until your next care plan review:

Any other relevant info to the case:

Assessment details – for office use only

Date of comprehensive assessment:

Staff member who completed assessment:

Assessment outcome e.g referrals identified, other services identified that should be involved in shared care plan/ Interagency care plan: