

Watkèn:se

Psychosocial Assessment Report

For the purpose of this document please note that the term “client” will be replaced by the term “ionkhiniahé:sen” (“They who use our services”).

For the purpose of this document please note that the term “worker” will be replaced by the term “shakotihnsnié:nenhs” (“helper”).

SHAKOTIHSNIÉ:NENHS:

Date of the assessment	
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IONKHINIAHÉ:SEN IDENTIFICATION

Legal name			
Preferred name			
D.O.B. (Year/month/day)			
Self-identified gender			
Relationship status			
Children	Yes/no?	How many?	Names and ages.
Occupation			

ASSESSMENT PURPOSE

Ionkhinniahé:sen referred by	Self <input type="checkbox"/>	Worker		Service	
Role of Shakotihnsnié:nenhs explained to Ionkhiniahé:sen?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Ionkhiniahé:sen provided consent prior to the assessment?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If not, please elaborate:					
Collateral sources of information/persons contacted:	Name		Role/function		

PRESENTING PROBLEMS & CURRENT CIRCUMSTANCES

Needs and requests expressed by ionkhiniahé:sen

Needs and request expressed by family/caregivers:

RELEVANT ASPECTS OF THE PERSON

Social and familial history (including psychiatric history of the person and family); Academic and work history; Religion, beliefs, cultural values; Habits (sleep, substance use, dependencies); Physical and mental health (diagnoses, past medical history); Strengths, skills, aspirations.

RELEVANT ASPECTS OF THE ENVIRONMENT

Family constellation and dynamic; Network (friends, acquaintances, neighbors, associates, etc.) and quality of social network; Societal environment (impact of socio-political and economical environment of the person).

SHAKOTIHSNIE:NENHS OBSERVATIONS

Appearance; hygiene; demeanor; behavior; speech; levels of insight, moral judgment, introspection; presence/absence of delusions or hallucinations; suicidality; level of collaboration; other strengths & limitations.

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OTHER EVALUATION TOOLS USED

Name of Tool	Date Administered	Results

Name of Tool	Date Administered	Results

Name of Tool	Date Administered	Results

CLINICAL UNDERSTANDING

Clinical hypothesis on the presenting problem(s) and its (their) effect(s):

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RECOMMENDATIONS

Ionkhinahé:sen in agreement with recommendations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Khehsnié:nenhs (“I help them”) - Akhsén:na_____

Date _____

Kwaniahé:sen (“I use your services”) - Akhsén:na_____

Date _____

Tieniarotáhrhoks (“she has control over things”)/

Thaniarotáhrhoks (“he has control over things”) - Akhsén:na_____

Date _____