

Patient Centered
Assessment Method (PCAM)

ID _____ Date: __ __/ __ __ __/20 __ __

Vs2 February 2015

Nurse/Clinician:

Research version for scoring

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.

Health and Well-being				
1.	Thinking about your client's physical health needs , are there any symptoms or problems (risk indicators) you are unsure about that require further investigation ?			
1	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	Mod 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
2.	Are the client's physical health problems impacting on their mental well-being ?			
1	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
3.	Are there any problems with your client's lifestyle behaviors (alcohol, drugs, diet, exercise) that are impacting on physical or mental well-being ?			
1	No identified areas of concern	Some mild concern of potential negative impact on well-being	Mod 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
4.	Do you have any other concerns about your client's mental well-being ? How would you rate their severity and impact on the client?			
1	No identified areas of concern	Mild problems- don't interfere with function	Mod to severe problems that interfere with function	Severe problems impairing most daily functions
Social Environment				
1.	How would you rate their home environment in terms of safety and stability (including domestic violence, insecure housing, neighbor harassment)?			
1	Consistently safe, supportive, stable, no identified problems	Safe, stable, but with some inconsistency	Safety/stability questionable	Unsafe and unstable
2.	How do daily activities impact on the client's well-being? (include current or anticipated unemployment, work, caregiving, access to transportation or other)			
1	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 would you rate their social network (family, work, friends)?			
1	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 would you rate their financial resources (including ability to afford all required medical care)?			
	Financially secure, resources adequate, no identified problems. 1	Financially secure, some resource challenges 2	Financially insecure, some resource challenges 3	Financially insecure, very few resources, immediate challenges 4

Health Literacy and Communication

1.	How well does the client now understand their health and well-being (symptoms, signs or risk factors) and what they need to do to manage their health?			
	Reasonable to good understanding and already engages in managing health or is willing to undertake better management 1	Reasonable to good understanding <u>but</u> do not feel able to engage with advice at this time 2	Little understanding which impacts on their ability to undertake better management 3	Poor understanding with significant impact on ability to manage health 4
2.	How well do you think your client can engage in healthcare discussions? (Barriers include language, deafness, aphasia, alcohol or drug problems, learning difficulties, concentration)			
	Clear and open communication, no identified barriers 1	Adequate communication, with or without minor barriers 2	Some difficulties in communication with or without moderate barriers 3	Serious difficulties in communication, with severe barriers 4

Service Coordination

1.	Do other services need to be involved to help this client?			
	Other care/services not required at this time 1	Other care/services in place and adequate 2	Other care/services in place but not sufficient 3	Other care/services not in place and required 4
2.	Are current services involved with this client well coordinated ? (Include coordination with other services you are now recommending)			
	All required care/services in place and well coordinated 1	Required care/services in place and adequately coordinated 2	Required care/services in place with some coordination barriers 3	Required care/services missing and/or fragmented 4

Routine Care	Active monitoring	Plan Action	Act Now
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What action is required?	Who needs to be involved?	Barriers to action?	What action will be taken?

Notes: