



HEALTH CARE MINNEAPOLIS
2525 Chicago Avenue South
Minneapolis, Minnesota 55404

Children's Health Care - Minneapolis
Children's Home Care & Hospice

ANTICIPATED BEREAVEMENT SUPPORT NEEDS ASSESSMENT

Pt Name: _____ DOB: _____

MR #: _____

Family Composition _____

Family Perceptions/Circumstances _____

ADULT ASSESSMENT: STRENGTHS

- Identifies and accesses family religious and/or community support resources _____
- Effective coping skills
- Effective communication with health care team
- Competent parenting skills
- Capacity to prioritize and organize family demands/tasks effectively
- Positive coping with previous loss experiences
- Supportive work/vocational setting
- Other _____

ADULT ASSESSMENT: RISK FACTORS

- Mental health concerns (anxiety, depression, etc.) _____ active _____ by history
- Suicidal ideation and/or behavior _____ active _____ by history
- Developmental delay/mental retardation
- Medical or health concerns _____
- Chemical use/abuse _____ active _____ by history
- Difficulty coping with diagnosis, prognosis
- Poor compliance with treatment plans
- Work, vocational performance concerns
- Communication difficulties or barriers
- Pattern of avoidance or withdrawal under high stress
- Ineffective parenting skills
- Family conflicts (marital, parent-child, other)
- Conflicts around medical decision making in family with Health Care team
- Excessive denial and/or poor reality testing
- Previous losses _____ immediate family _____ extended family _____ violent or traumatic _____ multiple other _____
- Lack of community support/family isolation
- Other _____

Comments _____

BEREAVEMENT SUPPORT NEEDS ASSESSMENT

CHILD/YOUTH ASSESSMENT (SIBLINGS): STRENGTHS

- Age appropriate, effective coping skills
- Appropriate adaptation to social environments
- Able to access family support
- Positive social/peer interactions
- Access to helping networks: school, church, neighbors, extended family, counselors, etc.
- Other _____

CHILD/YOUTH ASSESSMENT (SIBLINGS): RISK FACTORS

- Developmental delay
- Medical/health concerns
- Mental health concerns _____ active _____ by history (anxiety, depression, etc.)
- Chemical use/abuse _____ active _____ by history
- Somatic complaints onset _____ Describe _____
- Previous loss(es) _____ immediate family _____ extended family _____ violent/traumatic _____ multiple other/comments _____
- Behavior problems (withdrawal, aggression, inattention, conduct disorders, etc.) _____ active _____ by history
- School performance changes or problems
- Changes in sleep, eating patterns
- Anticipated change in custody, living arrangement, daily care
- Pattern of social isolation
- Other _____

Name _____ Age _____ Individual Tx Plan Yes No

Name _____ Age _____ Individual Tx Plan Yes No

Name _____ Age _____ Individual Tx Plan Yes No

RISK ASSESSMENT: _____ Low Risk _____ Moderate Risk _____ High Risk

COMMENTS & RECOMMENDATIONS: _____

PLAN: _____ I LOW RISK _____ II MODERATE RISK _____ III HIGH RISK

- Bereavement Packet
- Telephone follow-up 1-2 weeks post-death
- Community Resource and Support Group Information

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- Home visit by PHN, SW or Chaplain 2-4 weeks post-death for assessment of coping and support needs, planning
- Community Resource and Support Group Information

- Bereavement Packet
- Telephone follow-up 1-2 weeks post-death
- Home visit by SW or Chaplain 2-4 weeks post-death for assessment of coping and support needs, planning
- Community Resource and Support Group Information
- 2-6 follow-up home visits by SW or Chaplain to develop, access and implement appropriate community based bereavement support plans

Staff Signature/Title _____

Date _____

*Bereavement Support Assessment Reviewed every 60 days. See patient review notes and progress record.