

PHN Assessment Tool



Every attempt must be made to complete a home visit on every referral in order to do a complete assessment!!

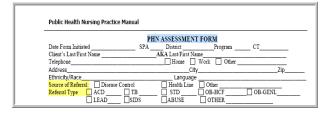
Demographics



Assessment



Plan



- 1. Answer questions as presented.
- 2. Source of Referral: Where did referral come from? Disease control or other?
- 3. Referral Type: Select appropriate type.

Action/Intervention



- Family Member Violence Health Coverage Healthy diet? ☐ No ☐ Yes Exercises? ☐ No ☐ Yes ☐ NA □ Declined Hazard Up-to-date Yes Health Coverage ☐ Yes None ☐ No Smokes/Chem□ No□ Yes□ NA self other
 Male Female □ No □ Yes ☐ Susp ☐ Yes Yes Type ____ Needs Dental Other Unsur Safer Sex□ No□ Yes□ NA ☐ No ☐ Yes Declined Diabetic Asthma verified Declined Mental Health Concern Declined by history
- 1. Family member #1 will always be the referred client.
- Each "family member" must be assessed even if family member is absent.
- Individuals have the "right" to decline parts of, or the entire assessment interview.
- 4. Check appropriate boxes regarding client's medical history.
- 5. Family violence: Ask any client 12 years or older if they are concerned about family violence.
- 6. If PHN sees or suspects abuse, they are required to make a mandated written suspicious injury report to local police.
- 7. Healthy Habits: May assess children age 11 years or under according to his/her judgment.



- For each health need/goal, check off the action/intervention given or where client referred.
- Anticipatory Guide: Check off any anticipatory guidance that the PHN gave the client.
 - a. Use this section to document advice that the PHN gave not related to a health need/goal identified in the assessment.

Encounter (circle)	1	2	3	4	dateHomeOffice Telephone Other
PLAN Health Need/Goal:					
Health Need/Goal:					
Health Need/Goal:					
Health Need/Goal:					

- Encounters: Any visit that relates to follow up of a health need/goal not related to the original referral is considered an encounter.
- Only 4 encounters per form. If more encounters are needed, a chart must be opened.
- Plan: Each problem identified in the assessment must have a health need/goal listed.
- Needs may be identified by the PHN or client.

Disposition

	DISPOSITION					
	On-going Level 1 intervention; next contact (date/purpose)					
	Close-Level 1 Level 2 intervention needed; next contact (date jumpose)					
	Close Individual Family declines further service UTL other reason					
	Close moved within LA County jurisdiction (complete transfer section below) moved outside LA County jurisdiction Transfer to					
ŀ	Client Satisfaction form given: yes no					

- If the client requires more than four (4) encounters to assist with the identified health goal/needs, close Level 2 in NPMS and enter the date and purpose of the next encounter in the text box.
- 2. Open a medical record if applicable; print a copy of the PHN assessment and place the assessment in the miscellaneous section of the chart. Continue to document in the medical record progress notes.