

Profile: Psychosocial

To assist workers/practitioners to screen for consumer's psychosocial needs.

Consumer

Name: _____

Date of Birth: dd/mm/yyyy / /

Sex: _____

UR Number: _____

or affix label here

Personal and Social Support

During the past 4 weeks, was someone available to help you if you needed and wanted help? _____ Code:

For example if you: felt very nervous, lonely or blue, got sick and had to stay in bed, needed someone to talk to, needed help with daily chores, needed help just taking care of yourself.

Comment on personal and social support, including social isolation and family and personal relationships.

Mental Health and Wellbeing

In the past 4 weeks about how often did you feel:

K10 Scale		All of the time 5	Most of the time 4	Some of the time 3	A little of the time 2	None of the time 1
1	tired out for no good reason?					
2	nervous?					
3	so nervous that nothing could calm you down?					
4	hopeless?					
5	restless or fidgety?					
6	so restless you could not sit still?					
7	depressed?					
8	that everything was an effort?					
9	so sad that nothing could cheer you up?					
10	worthless?					

Total K-10 Score: _____ Consider referral for mental health assessment by a GP, community health counselor, or mental health professional (e.g. psychologist or psychiatrist) if the score is 16 or more. If you think the person may have a serious mental illness and/or be at risk of self harm, seek advice about the need for referral from the triage clinician at the public specialist mental health services applicable to your area

Referral Recommended To: _____

Psychosocial

Produced by the Victorian Department of Human Services, 2006

This information collected by:

P Page 1 of 1

Name: _____

Position/Agency: _____

Sign: _____

Date: dd/mm/yyyy / /

Contact number: _____