**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?

| No identified areas of uncertainty or problems already being investigated | Mild vague physical symptoms or problems; but do not impact on daily life or are not of concern to client | Mod to severe symptoms or problems that impact on daily life | Severe symptoms or problems that cause significant impact on daily life |

2. Are the client’s physical health problems impacting on their mental well-being?

| 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?

| 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?

| 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)?

| 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)

| 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)?

| 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)?

<table>
<thead>
<tr>
<th>Financially secure, resources adequate, no identified problems</th>
<th>Financially secure, some resource challenges</th>
<th>Financially insecure, some resource challenges</th>
<th>Financially insecure, very few resources, immediate challenges</th>
</tr>
</thead>
</table>

**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?

<table>
<thead>
<tr>
<th>Reasonable to good understanding and already engages in managing health or is willing to undertake better management</th>
<th>Reasonable to good understanding but do not feel able to engage with advice at this time</th>
<th>Little understanding which impacts on their ability to undertake better management</th>
<th>Poor understanding with significant impact on ability to manage health</th>
</tr>
</thead>
</table>

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)

<table>
<thead>
<tr>
<th>Clear and open communication, no identified barriers</th>
<th>Adequate communication, with or without minor barriers</th>
<th>Some difficulties in communication with or without moderate barriers</th>
<th>Serious difficulties in communication, with severe barriers</th>
</tr>
</thead>
</table>

**Service Coordination**

1. Do **other services** need to be involved to help this client?

<table>
<thead>
<tr>
<th>Other care/services not required at this time</th>
<th>Other care/services in place and adequate</th>
<th>Other care/services in place but not sufficient</th>
<th>Other care/services not in place and required</th>
</tr>
</thead>
</table>

2. Are current services involved with this client **well-coordinated**? (Include coordination with other services you are now recommending)

<table>
<thead>
<tr>
<th>All required care/services in place and well coordinated</th>
<th>Required care/services in place and adequately coordinated</th>
<th>Required care/services in place with some coordination barriers</th>
<th>Required care/services missing and/or fragmented</th>
</tr>
</thead>
</table>

**Routine Care**

<table>
<thead>
<tr>
<th>Active monitoring</th>
<th>Plan Action</th>
<th>Act Now</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What action is required?</th>
<th>Who needs to be involved?</th>
<th>Barriers to action?</th>
<th>What action will be taken?</th>
</tr>
</thead>
</table>

Notes:

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