

718 Teaneck Road Teaneck, NJ 07666

INITIAL PERINATAL PSYCHOSOCIAL ASSESSMENT

DATE:			TIME:			☐ AM	□Р	М						
LANGUAGE:			l In	derstood					L					
Spoken Interpreter N	eeded 🗆 Yes 🗅	No	Translat					□ N/A						
Referral Sc														
Reason Referred: Diagnosis:														
Health Insurance:						Tel	Telephone #:							
Relative:														
Address:														
Home Telephone #:						Wo	Work Telephone #:							
Patient's:	Age:	S	M D	SEP	В	W	Н	G		P	EDC			
Patient's P	resentation:													
Family Dat	a:						-							
Living Arrangements:														
7														
Employment History:														
Financial Status:														
									_					
Needs for	Baby:													
									_					
Father of I	nfant (Involveme	ent):												
									_					
Drug or Psychiatric Involvement:														
									_					
History of Abuse/Domestic Violence:														
									_					
									_					
Feelings about Pregnancy: Feelings														
Feelings about Pregnancy: Feelings about the constant period:														
Affect:									_					



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Special Problems:								
Special Problems.								
Assessment:								
Plan:								
A. Referrals								
	- 1							
☐ Bd. of Soc. Svcs. For: (1)AFDC/MA // (2)Housing	☐ Jersey (
☐ MCH Resource Guide		un/Employement Dr						
☐ Community Support Group	☐ Education/Employment Program☐ Adoption Agency							
☐ Outpatient Counseling		Agency						
☐ Inpatient Counseling	□ Drug/Ale	ohol Program	•					
☐ Birthright	□ Drug/Alcohol Program□ Domestic Violence Program							
	☐ Legal Aid							
Other:	☐ HNH Peds Home Care							
	— HIVIT FE	us nome care						
B. Will receive pediatric care at:								
☐ HNH Peds Clinic ☐ Other:								
C. Social Services:								
☐ Available as needed								
☐ To review chart in								
☐ Social Service assessment required before inpatient discharge.								
□ No additional Social Service intervention needed at this time.								
Comments:								
Social Worker:	`	Ext. #:	Beeper #:					



Women and Children Consult Checklist

Assessment should include:

- -History of mental health conditions
- -History of perinatal mood/anxiety disorder
- -History of substance use conditions
- -Stress factors
- -Support system
- -DCPP history
- -Legal involvement

If applicable, inquire about:

- -Highest level of education (If applicable)
- -Employment history (i.e. if there is a question of disability and/or bonding time benefits)
- -Government assistance (i.e. SNAP Benefits, WIC, Cash Assistance, General Assistance).
- -Community resources (i.e. agencies the family is working with).

All patient should be provided with:

-Psycho-education on postpartum mental health and written resources

Document:

-Interventions provided (i.e. Motivational Interviewing, Trauma Informed Care and/or supportive counseling among others).