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| **Social and Financial Risk Assessment** |
| 1. Determine who is available to help the patient with IADL, ADL, if he or she becomes ill. This should be performed before the patient returns home from any care delivery setting. The person providing help may not be present in the home at all times but should be in regular contact with the patient, often daily, and should be able to intervene in any emergency situation.   **Findings**: |
| 1. Screen family members and caregivers periodically for symptoms of depression or caregiver burnout and, if present, refer for counseling or support groups. Elder mistreatment (abuse or neglect) should also be considered, particularly if the patient presents with contusions, burns, bite marks, genital or rectal trauma, pressure ulcers, or malnutrition with no clinical explanation, or there is evidence of misuse of money, financial exploitation, or inability to account for money or property. An Elder Assessment Instrument is available at: <http://consultgerirn.org/uploads/File/trythis/try_this_15.pdf>   Findings: |
| 1. Assess the financial situation of a functionally impaired older adult. Inability to pay for proper nutrition, home health services, or other necessities derails the care coordinator’s ability to see that appropriate interventions are carried out. Elderly patients may qualify for state or local benefits, depending upon their income. Older patients occasionally have other benefits such as long-term care insurance or veteran's benefits that can help in paying for caregivers or prevent the need for institutionalization. However, it should also be recognized that some elderly patients have the financial means to live at home but are in early stages of dementia and no longer can fully understand their financial situation, or have unrealistic fears about use of their financial resources. An excellent starter list is available on the New York Times web site at: <http://www.nytimes.com/ref/health/noa_resources.html>   Findings: |

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