 SPIRITUAL ASSESSMENT

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Assessment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **The 4 Cs** | *Probes to give direction to discussion with client are in italics, to guide your discussion.**Record your notes in each section .* |
| **Coming** | *COMING – how do you feel about coming here? –or– having to come here.* |
| **Coping** | *Coping – How are you coping?**If the client is unsure of how to answer you could ask - How have they coped in the past when things were stressing them? Is that how they are coping now?* |
| **Comfort** | *Comfort – What are your sources of comfort?**Could be faith, family, friends, or even an addiction…* |
| **Community** | *Community – Do you have a faith community?* ***With many clients it will be necessary to adjust the concept of Community*** *- Do you have a community of support? - outside of this facility – inside of this facility.* *It may be the church or AA or another avenue of support – like the street/homeless people they know.* |

 SPIRITUAL ASSESSMENT, CARE PLANNING & PROGRESS NOTES

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Assessment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list supportive measures for each C.

Always use the D-A-R form of: Data – Action – Response

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| --- | --- |
| **Spiritual Care Plan** | D – data // A – action // R- response  |
| Coming  |  |
| Coping |  |
| Comfort |  |
| Community  |  |
| **Progress Notes** **Enter date of interaction and initial entry.** | Progress Notes: D – A – R NOTESD – data // A – action // R- response  |
| Date / Initial | D—A—R Notes |
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