

Life Status Review

Patient Number _____ Location # _____ Date _____ Clinician _____

	Ser-ious*	An Issue*	Fine	Good	Great
	-2	-1	0	+1	+2
Medical					
health					
medication					
hospitalization					
Health/Wellness					
exercise					
rest/relaxation					
nutrition/access to food					
Financial					
debts					
income					
SSI/Disability/Assistance					
Housing/Transportation					
apartment/home					
access to shops, services, environmental conditions					
access to transportation					
Employment/School					
stability					
working conditions					
relationships at work/school					

How satisfied were with your ability to help the patient today?

-100%	50	0	50	100%
not at all satisfied		neither satisfied nor dissatisfied		completely satisfied

	Ser-ious	An Issue*	Fine	Good	Great
	-2	-1	0	+1	+2
Legal/Criminal					
civil					
family					
criminal					
parole/probation					
Alcohol/Substance Use					
other's complaining					
arrested/hospitalized					
problems related to use					
Self/Social/Interpersonal					
family relations					
intimate relations					
spirituality/belief systems					
children's health & wellbeing					
friend/family communication					
organizations (clubs,religious group..)					
Other					

Compared to last time, would you say your (patient's) overall psychological well-being is; better? worse? about the same? (e.g. 100% better, 100% worse, about the same, 50% better, 50% worse?)

-100%	50	0	50	100%
worse		the same		better

Patient Rating

Clinician Rating

**requires description of problem and action plan on separate page.*