

Program of Comprehensive Assistance for Family Caregivers Wellness Contact for the Veteran -----  
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This Veteran is enrolled in the VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC).

While enrolled in the PCAFC, wellness contacts are required and must review the Veteran's well-being, adequacy of personal care services being provided by the Family Caregiver(s), and the well-being of the Family Caregiver(s). This wellness contact will occur at a minimum of once every 120 days, and at least one visit must occur in the eligible Veteran's home on an annual basis.

Date of Visit:

The Veteran was identified using the following key identifiers:

Full Name:

Full SSN:

Date of Birth:

Method of contact:

Individuals providing input include:

Veteran Primary Family Caregiver

VETERAN INFORMATION:

Address:

Telephone number:

Email address:

Veteran is receiving care from:

Primary Family Caregiver Name:

Have there been any changes to the individuals living in Veteran's household?

Any changes to the Veteran's legal guardian/conservator status?

Any changes to the Veteran's Advance Directive for Health Care status?

Any changes to the Veteran's fiduciary status?

VETERAN ASSESSMENT -----

The Veteran was asked the following questions:

What is most important to you about your health?

Tell me about any positive changes, accomplishments, or improvements related to your health or

Describe your overall health:

Describe any changes in medical or mental health condition(s) since last contact:

Name your current medications with usage and dosage:

STRESS LEVEL/EMOTIONAL WELLNESS: Talk about any sources of stress:

Describe how you are affected by stress:

How do you cope with stressful situations?

Talk about the symptoms of stress that you would like to eliminate: have less pain, improved sleep What do you do for relaxation or leisure?

How often do you engage in these activities?

How often do you feel overwhelmed by your current situation?

ENERGY LEVELS AND PERSONAL DEVELOPMENT:

Describe what a typical day looks like for you:

Describe your current energy level: good How often do you feel that you lack energy?

Talk about how you spend time doing what matters most to you:

Are there topics or things that you would like to learn more about?

LEGAL AND FINANCIAL

Legal Service Needs:

Financial Service Needs:

Talk about any recent unintentional weight loss or gain:

How are you doing with implementing these recommendations?

PHYSICAL ACTIVITY

Describe your usual activity level: Minimal Provide details:

Describe any limitations that are a barrier to physical activity:

List:

Do you feel that you need any (additional) DME at this time?

SLEEP

Describe your current sleeping habits:

Talk about any difficulty falling asleep, staying asleep or both:

On average, how many hours a night do you sleep?

Describe tools you use to assist with sleeping

Details (including description and frequency):

**SOCIAL WELLNESS AND SUPPORTS**

Who or where do you turn to when you are feeling stressed or need support?

How often do you have contact with friends and family?

List Other supports:

Do you participate in any of the following services/programs?:

Mental Health

Please provide details about services provided:

Do you feel comfortable and safe in your home?

**PERSONAL GOALS:**

Tell me about any goals that you would like to accomplish in the next 4 months:

Is there anything that the Caregiver Support Program can do to help you achieve your goal(s)?

Is there anything your healthcare providers can do to help you achieve your goal(s)?

SUMMARY OF VISIT: -----

Mental status at time of call

Oriented to person

Oriented to place

Oriented to time

Mood

Depressed

Provide details:

RECOMMENDED FOLLOW-UP for Veteran -----

*One  
Family,  
One Fight!*