**SUPPORTING BEHAVIORAL CHANGE**

**Promote Self Efficacy**
- Emphasize previous successes
- Identify successful role models
- Express your confidence in the patient
- Educate the patient on what to expect physically during the planned change

**Support Change Management**
- **PRE-CONTEMPLATORS:** Address barriers to change; avoid breeding resistance.
- **CONTEMPLATORS:** Offer a ‘roadmap’ to successful change, early goal setting, encouragement, information, and followup.
- **PLANNERS:** Develop a practical plan reflecting barriers, motivators, and triggers. Incorporate SLAM goals (specific, limited, achievable, measurable).

**RESOURCES**

**Substance Treatment**
- National Council on Alcohol and Drug Dependence: www.ncadd.org
- Substance Abuse and Mental Health Services: samhsa.gov
  - Local: __________________________

**Interpersonal Violence**
- National Domestic Violence Hotline: 1-800-799-SAFE [7233], ndvh.org
  - Local: __________________________

**Financial Resources**
- Medication access: needymeds.org
  - Local: __________________________

**Housing**
- Homeless Veterans: va.gov/homeless, 877-4AIDVET [877-424-3838]
  - Local: __________________________

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**KEY MEMBERS OF MY LOCAL CARE TEAM**

**SOCIAL WORK:**

**CASE MANAGEMENT:**

**CLINICAL PHARMACY:**

**NURSING:**

**SUBSTANCE TREATMENT:**

**MENTAL**

**OTHER:**

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**RESOURCES**

**Substance Treatment**
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  - Local: __________________________

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For suggestions on use of this tool, more extensive resources and didactic content, review the complete curriculum available at: caringwithcompassion.org

Funding provided by a Graduate Medical Education Innovations grant from University of Michigan Medical School.
**HISTORY AND PHYSICAL**

**Chief Complaint**

**History of Present Illness**
The narrative should include pertinent items of the 5 bio-psychosocial care domains (see figure) that directly impact the presenting condition. Effects of the present illness on functional status should be noted.

**Past Medical and Psychiatric History**
Specifically enquire regarding mental health diagnoses, communicable diseases, and exposure-related conditions. Gynecologic history if indicated.

**Medications, Allergies**
Include assessment of adherence related to resources, access to food/water, storage limitations, etc.

**Family History**
Include mental health conditions and substance use disorders.

**Social History**
- **SOCIAL SUPPORTS:** Friends, relatives, support programs, and professionals; negative relationships, high-risk sexual interactions and interpersonal violence
- **RESOURCES:** Housing status, living environment, food access and sufficiency, childcare, income, transportation, health insurance
- **BEHAVIORS:** Substance use, somatization
- **FUNCTION:** ADLs, IADLs, education level, occupation and employment, literacy, numeracy

**Review of Systems**
Consider queries for weight loss/chills (HIV/TB); cough/hemoptysis (TB, tobacco-related disease, or other infectious pulmonary disease); skin lesions; foot concerns; genitourinary discharge or dysuria; mood concerns, hallucinations, or thought concerns.

**Physical Examination**
With deference to patient comfort and tolerance, include assessment of skin, feet, mood, affect, and mental status.

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**ASSESSMENT AND PLAN**

**Assessment**
Summarize and interpret the presenting history. Include salient contributing concerns from the psychosocial domains. Summarize and interpret the pertinent findings from the physical exam and review of available data.

**Problem List**
A comprehensive problem list with necessary related differential diagnoses, diagnostic plans, and therapeutic plans would include:

- **PRESENTING COMPLAINTS:** Findings related to chief complaint, urgent concerns, or unstable conditions
- **BIOMEDICAL CONDITIONS:** Chronic health issues requiring active management, minor medical findings
- **PSYCHIATRIC DISORDERS:** Conditions impacting self management, function, access to care, or quality of life
- **BEHAVIORAL AND SUBSTANCE USE DISORDERS:** Identified stage of behavioral change, assessment of self efficacy
- **SOCIAL SUPPORT SYSTEMS:** Conditions requiring monitoring, counseling, intervention; sources of positive support or role modeling or self management assistance
- **COMMUNITY AND ENVIRONMENTAL RESOURCES:** Identified concerns related to housing, community environment/safety, food security, childcare, transportation, health insurance, income, etc.
- **HEALTH MAINTENANCE:** Risk-based assessment for transmissible diseases, substance-related diseases, nutritional deficiencies, exposure-related conditions, and standard screening

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**BIO-PSYCHOSOCIAL CARE DOMAINS**

**1. Social Support Systems**
Personal connections, relatives, and friendships. May be positive (e.g. marriage) or negative (e.g. interpersonal violence).

**2. Community and Environmental Resources**
Health insurance, housing, transportation, community environment and safety, food security, childcare, income.

**3. Behavioral and Substance Use Disorders**
Personality disorders, substance use, somatization.

**4. Psychiatric Disorders**
Major conditions such as major depression, bipolar disorder, and schizophrenia.

**5. Biomedical Conditions**
Communicable diseases such as TB, HIV, STIs, hepatitis, and respiratory diseases; complications of exposure such as skin diseases, frostbite, and trench foot; complications of tobacco, alcohol, and substance use; vitamin deficiency and malnutrition; sequelae of chronic diseases.

**Resulting Functional Status**
The net effect of all domains on a patient’s life. Includes level of education, employment, social interactions, community roles, and life skills.

- **ADLS:** Eating, bathing/toileting, getting in and out of bed/chairs, dressing/grooming
- **IADLS:** Medication management, driving, food access and preparation
- **Education level, occupation, literacy, numeracy, social and community engagement**