Current as of April 2022

VACO updated the Wellness assessment This should not take more than 30 minutes.

VFTFR	AN INFORMATION
	Veteran is receiving care from:
	☐ Primary Family Caregiver, name:
	☐ Secondary Family Caregiver, name:
	Secondary #2 Family Caregiver, name: Secondary #2 Family Caregiver, name:
	Have there been any changes to the Veteran's address, telephone number or e-mail address?
	Is Veteran's contact information in electronic health record and the Caregiver Support Program
	IT system current?
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	Have there been any changes to the individuals living in the Veteran's household? Have there been any changes in the Veteran's Advanced Directive for Health Care,
	Guardianship/Conservator or Fiduciary status?
VETER	AN ASSESSMENT
	How has your physical/mental/emotional health been lately?
	Do you have any medication concerns?
	Support services currently in place include: (check all that apply)
	☐ Home Health Aide
	☐ Outpatient Respite
	☐ Inpatient Respite
	☐ Skilled Outpatient Respite
	☐ Adult Day Health Care
	☐ Home Based Primary Care
	□ VA Mental Health
	☐ In-Home Palliative Care/Hospice ☐ Other:
	Do you feel that your care needs are being adequately met in the home?
	What current challenges or stressors do you have, if any?
	Do you feel comfortable and safe in your home environment?
	How can the Caregiver Support Program support you?
	What goals/needs can we assist you with?
SHMM	ARY OF VISIT/ACTION TAKEN
JO:VV.	Details:
PLAN	
	Select one of the following:
	☐ No follow-up needed outside of regularly scheduled CSP Wellness Contacts
	☐ Follow-up needed
	☐ Recommend follow-up to Veteran's primary care team, mental health, or specialty care
	clinic visit
	□ Details:
	☐ Recommend follow-up CSP home visit
	□ Details:
	☐ Recommend follow-up CSP phone/VVC visit
	□ Details:
	www.veteran-warriors.org
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