

Appendix D: Provider Worksheets

Survivor Current Needs

Date: _____ Provider: _____ Survivor Name: _____ Location: _____

This session was conducted with (check all that apply):

Child Adolescent Adult Family Group

Provider: Use this form to document what the survivor needs most at this time. This form can be used to communicate with referral agencies to help promote continuity of care.

1. Check the boxes corresponding to difficulties the survivor is experiencing.

BEHAVIORAL	EMOTIONAL	PHYSICAL	COGNITIVE
Extreme disorientation Excessive drug, alcohol, or prescription drug use Isolation/withdrawal High risk behavior Regressive behavior Separation anxiety Violent behavior Maladaptive coping Other _____	Acute stress reactions Acute grief reactions Sadness, tearful Irritability, anger Feeling anxious, fearful Despair, hopeless Feelings of guilt or shame Feeling emotionally numb, disconnected Other _____	Headaches Stomachaches Sleep difficulties Difficulty eating Worsening of health conditions Fatigue/exhaustion Chronic agitation Other _____	Inability to accept/cope with death of loved one(s) Distressing dreams or nightmares Intrusive thoughts or images Difficulty concentrating Difficulty remembering Difficulty making decisions Preoccupation with death/destruction Other _____

2. Check the boxes corresponding to any other specific concerns

- Past or preexisting trauma/psychological problems/substance abuse problems
- Injured as a result of the disaster
- At risk of losing life during the disaster
- Loved one(s) missing or dead
- Financial concerns
- Displaced from home
- Living arrangements
- Lost job or school
- Assisted with rescue/recovery
- Has physical/emotional disability
- Medication stabilization
- Concerns about child/adolescent
- Spiritual concerns
- Other: _____

3. Please make note of any other information that might be helpful in making a referral.

4. Referral

- Within project (specify) _____
- Other disaster agencies
- Professional mental health services
- Medical treatment

- Substance abuse treatment
- Other community services
- Clergy
- Other: _____

5. Was the referral accepted by the individual?

- Yes No