

SPIRITUAL HEALTH ASSESSMENT

Instructions

Complete on admission and/or as needed. Use this data to provide spiritual care that meets the resident's and/or patient's needs and preferences. Update the care plan on completion.

A. Relationships & Connectivity

1. Relevant Personal History

Nationality, Language, Marital Status, Relevant Health Information, Education/Employment, Family/Friends, Significant People/Places/Stories/Experiences, Interests/Passions

[open text box]

2. Spiritual History

- What faith or belief system does the resident or patient identify with? [open text box]
- Is the resident connected or affiliated with a particular parish or faith community? [open text box]
- Does the resident or patient wish for visits from clergy or a spiritual adviser? [Yes or No or Unknown]
- List the name and contact information of preferred clergy or spiritual adviser. [open text box]
- Additional comments: (e.g. past religious involvement, relationship with God, etc.) [open text box]

B. Meaning & Purpose

1. What practices are central to the resident or patient's religion / spirituality?

[select all that apply]

Prayer	Holy Communion	Meditation	Attending services
Sacrament of the Sick	Sacred text/Scripture reading	Rosary	
Singing hymns/chanting			
Reflections/Devotions	Observance of religious holidays	Anointing	Special rituals
Laying on of hands	Ceremonies requiring burning of sage, sweet grass, cedar or tobacco		

Other [open text box]

2. What helps the resident or patient through difficult times? Sources of strength or hope?

Sources of comfort and relaxation?

[select all that apply]

Family/Friends	Scripture/Sacred text	Music	Humour	Reading	Art
Meditation	Prayer	Outdoors	Talking	Pets	Massage Therapy
Physiotherapy	Relaxation (e.g. bath, breathing exercises)		Sacred/Peaceful Environment		

Other [open text box]

3. Does the resident/patient have any specific spiritual/religious/cultural practices or rituals that may impact medical care or end-of-life care? [select all that apply]

Required Fasting altering drugs	Special Practices at time of death	Strong privacy concerns	No mind-
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Dietary Requirements
buried not destroyed

No blood transfusions

Amputated members must be

Other [open text box]

C. Understanding

1. What does the resident or patient hope for while at SJCCC and/or during end-of-life? [open text box]

2. How can the spiritual health staff help or support the resident or patient's faith/spirituality?

[select all that apply]

1-1 and/or Family Visits from spiritual health specialist

Visits from resident clergy

Visits from spiritual health volunteers

Facilitate visits with preferred clergy or spiritual leader

Facilitate rituals/traditions

Invite and/or escort to spiritual services and programming

Provide comfort care cart in the room during end-of-life care

Facilitate a peaceful environment/sacred space for resident or patient during end-of-life care

Other [open text box]

3. Are there any goals the resident or patient would like to work on?

(E.g. legacy planning, spiritual autobiography, faith-based discussion groups, etc.)

[open text box]

D. Spiritual Health Assessment

1. Describe the level of spiritual, emotional or relational distress of the resident or patient and his/her resources for coping.

[select one from each]

a. Level of spiritual distress: low moderate high unknown

Clinical Impressions [open text box]

Resources for Coping [open text box]

b. Level of emotional distress: low moderate high unknown

Clinical Impressions [open text box]

Resources for Coping [open text box]

c. Level of relational distress: low moderate high unknown

Clinical Impressions [open text box]

Resources for Coping [open text box]