INITIAL SOCIAL SERVICE HISTORY

RESIDENT INFORMATION

Admission Date___________ Time___________ Gender: ❍ M ❍ F Date of Birth___________

Birthplace___________ Last Residence___________ No. of Years___________

Prior Occupation(s)___________

Prior Living: ❑ Alone ❑ With Spouse ❑ With Family ❑ With Friend ❑ Other___________

Assistance Needed There: ❑ ADLs ❑ Medications ❑ Housekeeping ❑ Groceries ❑ Meals on Wheels ❑ Therapy ❑ Lifeline/Medical Alert

❑ Adult Daycare ❑ Companion ❑ Home Care Agency, specify___________

❑ Other___________

Marital Status: ❍ S ❍ M ❍ W ❍ D Spouse Name___________

Date of Wedding/Union___________ Spouse Alive: ❍ Yes ❍ No, date of death___________

Spouse's Occupation(s)___________

Language Spoken: ❍ English ❍ Other, specify___________ Language Understood: ❍ English ❍ Other, specify___________

Religious Preference___________ Church___________

Name of Pastor/Minister___________ Phone___________

❍ No religious preference

Diagnosis(es)___________

____

Highest Level of Education___________ Military Experience: ❍ No ❍ Yes Years___________ Branch___________

Disabilities: ❑ Vision ❑ Hearing ❑ Speech ❑ Cognition ❑ Alcohol/Drug Abuse ❑ Mental Illness ❑ Developmental Disability ❑ PTSD

❑ Other___________

Comments___________

____

____

Payment Status: ❑ Medicare ❑ Private Pay ❑ VA

❑ Medicaid ❑ LTC Insurance ❑ Other___________

Guardianship: ❍ No ❍ Yes, specify___________

Advance Directives: ❑ Living Will ❑ Durable POA-HC ❑ Durable POA-Legal ❑ POLST/MOLST/POST/MOST ❑ Other___________

Code Status: ❍ Full Code ❍ DNR ❑ Other___________

Copy of Advanced Directive/Code Status in Medical Record: ❍ No ❍ Yes

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FAMILY HISTORY

Mother's Name (include maiden)___________ Father's Name___________

Occupation___________ Date of Death___________ Occupation___________ Date of Death___________

Name(s) of Sibling(s)	Location	Age	Living
			❍ Yes ❍ No
			❍ Yes ❍ No
			❍ Yes ❍ No
			❍ Yes ❍ No
			❍ Yes ❍ No
			❍ Yes ❍ No

NAME–Last	First	Middle	Attending Physician	Record No.	Room/Bed

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INITIAL SOCIAL SERVICE HISTORY

FAMILY HISTORY (cont'd)

Describe family relationships (before marriage) i.e., relationship with parents or siblings. Also any strong childhood memories, positive and negative.

____
____
____
____

Name(s) of Children	Location	Age	Living
			❍ Yes ❍ No
			❍ Yes ❍ No
			❍ Yes ❍ No
			❍ Yes ❍ No
			❍ Yes ❍ No
			❍ Yes ❍ No
			❍ Yes ❍ No

❍ No Children

Describe family relationships (after marriage) with spouse and children. Also any strong memories, positive and negative.

____
____
____
____

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PERSONAL HISTORY

Identify hobbies, interests, talents, social groups, activities, etc. that are important to resident.

____
____

Identify any religious, cultural and/or ethnic factors that are important to resident.

____
____

Retirement Date____________________ Describe adjustment to retirement______________________________

Major health crisis(es): ❍ No ❍ Yes, specify____

____

Psychiatric/mental health crisis(es): ❍ No ❍ Yes, specify______________________________________

____

ADMISSION TO THIS FACILITY

Reason(s) for Admission____

Feelings About Admission: ❍ Positive ❍ Negative, specify______________________________________

Personal Goal(s) During Stay____

____
____

Immediate Needs: ❑ Dental Consultation ❑ Podiatric Consultation ❑ Mobility Device(s) ❑ Vision Consultation ❑ Hearing Evaluation

❑ Clothing ❑ Speech Consultation ❑ Other____

Problems with Sleeping: ❍ No ❍ Yes, specify____

INITIAL SOCIAL SERVICE HISTORY

PREFERENCES

Check all that apply:

❑ Choosing own clothes to wear

❑ Caring for personal belongings

❑ Bath: ❑ Tub ❑ Shower ❑ Other__________ How often__________ Time of Day__________

❑ Snacks between meals

❑ Usual bedtime__________ ❑ Usual rising time__________

Naps: ❍ No ❍ Yes ❑ am ❑ pm Uses nightlight: ❍ No ❍ Yes

❑ Uses phone in private ❑ Needs captioned telephone service: ❍ No ❍ Yes

❑ Owns cellphone ❑ Laptop computer ❑ iPod/Tablet

❑ Reads newspaper ❑ Reads books ❑ Uses talking books ❑ Braille

❑ Watches TV/News ❑ Needs closed captioning: ❍ No ❍ Yes Favorite programs__________

❑ Enjoys Music ❑ Uses headphones/earbuds: ❍ No ❍ Yes

❑ Attends religious programs

❑ Enjoys going outside in good weather

❑ Food allergies, specify__________

❑ Enjoys being around animal/pets

❑ Wants to be invited to activities

❑ Other__________

Comments:__________

____

____

____

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DISCHARGE PLAN

❍ Remain in this facility indefinitely

❍ Return to own home

❍ Transfer to another facility

❍ Independent Living__________

❍ Assisted Living__________

❍ Long-Term Care Facility__________

❍ Other__________

Comments:__________

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INITIAL SOCIAL SERVICE HISTORY

ADDITIONAL INFORMATION

Resident Representative____________________

Address____________________

Phone____________________

Resident Rights Reviewed ❍ No, why____________________

❍ Yes, date____________________

❑ Copy provided to Resident and Resident Representative Date____________________

Advance Directives Information Provided

❍ No, not needed or declined

❍ Yes

Level I PASRR Completed

❍ No, why____________________

❍ Yes, date____________________

Level II PASRR Review Required

❍ No

❍ Yes, date completed____________________

Additional Referrals

❍ No

❍ Yes, specify____________________

____

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Additional Comments

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Source of Resident Information

❑ Resident

❑ Family, specify____________________

❑ Friend, specify____________________

❑ Other, specify____________________

Person Completing Social History____________________ ____________________

Signature/Title Date

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