

GURWIN ADULT DAY HEALTH PROGRAM

INITIAL SOCIAL WORK ASSESSMENT
PSYCHOSOCIAL HISTORY

REGISTRANTS NAME: _____ AGE: _____ SEX: _____

SOURCE OF DATA: _____

HOME ENVIRONMENT

Environmental Assessment:
Entry Steps: _____ Ramp: _____ Other: _____Family Situation: _____

SOCIAL HISTORY

Religion: _____ Attend services: () Regularly () Holiday () Never
If still attending services: _____
Awareness of religious service _____ Expedite service _____
Has faith, spirituality been a source of comfort, forgiveness, healing? () Yes () No
Do you want to participate in spiritual services while in program? () Yes () No
Cultural Background: _____ Cultural Practices/Preferences: _____

Military Service: _____

Tobacco Use: () Yes () No IF yes, how many per day? () Independent () Supervised
Alcohol Use: () Yes () No COMMENT: _____

Do you have neighbors/friends with whom you visit or call if you need help? () Yes () No

Name: _____ Phone: _____

Do you belong to any clubs or organizations? () Yes () No
Please Name _____

MENTAL AND PHYSICAL FUNCTIONING ASSESSMENT

MENTAL STATUS:

Alert: () Yes () No _____ Oriented _____ Person _____ Place _____ Time _____

Memory Impairment: () Short Term () Long Term
Decision making capacity: _____

Ability to express self: () Yes () No If no, elaborate: _____

Recent changes or loss: () Death of a spouse () Death of a friend
() Moved from own home () Death of close family () Life changing illness/condition
Elaborate: _____

BEHAVIOR/MOOD STATE:

Does the registrant exhibit any of the following?
() Physical Aggression () Verbal Disruption () Fear () Anger () Hallucinations
() Anxiety () Sadness () Wandering () Pacing () Socially Inappropriate Behavior

Please Specify: _____

Hx of Depression: () Yes () No Current Psycho-tropic Meds: _____

Hx of psychiatric treatment/hospitalization or psychological service? () Yes () No
If yes, Where: _____ DATE: ____/____/____

SERVICES

HISTORY OF PROGRAM SERVICES (5 YEARS):

() Companion Services	() Home Care
() Homemaker Services	() Respite
() Social Model ADS	() Health Model ADS
() Mental Health Setting	() MR/DD Setting
() Other _____	

CURRENT SERVICES:

() Companion	() Family Care
() Homemaker	() Respite
() Other _____	() None of the above

RESPONSIBILITY/LEGAL GUARDIAN:

() Legal Guardian	() Family Member
() Other Legal Oversight	() Registrant Responsible
() Durable Power of Attorney	() None of the Above

ASSESSMENTS/IMPRESSIONS

SW GOALS & PLANS

INITIAL DISCHARGE

ANTICIPATED DAYS OF ATTENDANCE

NUMBER OF DAYS/WEEK: _____ WHAT DAYS: Sun Mon Tues Weds Thur Fri

SOCIAL WORK SIGNATURE _____

DATE ____/____/____

ASSESSMENT OF LIVING SKILLS AND RESOURCES (ALSAR)*
ADMISSION

ALSAR TASKS	SKILLS	RESOURCES	COMMENTS
HOME MAINTENANCE - Performs or procures home maintenance.			
HOUSEKEEPING - Cleans own living space or procures housekeeping.			
LAUNDRING - Performs or procures all aspects of doing laundry.			
LEISURE - Plans and performs satisfying leisure activities.			
MEAL PREPARATION - Performs all aspects of meal preparation or procures meals.			
MEDICATION MANAGEMENT - Procures and takes medicine as ordered.			
MONEY MANAGEMENT - Manages finances or procures financial services.			
READING - Reads and uses written information.			
SHOPPING - Lists, selects, buys, orders, stores goods.			
TELEPHONING - Locates numbers, dials, sends and receives information.			
TRANSPORTATION - Walks, drives or procures rides.			
TOTALS -	+	=	TRS

S = SKILLS (individual accomplishments or procures task)	R = RESOURCES (support for task completion extrinsic to individual)	TRS = TASK RISK SCORE (combines Skill & Resource scores)	PTRIC = POTENTIAL TO REMAIN
0 = Independent	0 = Consistently	23 and over = High	P = Poor
1 = Partially	1 = Inconsistently	12 - 22 = Moderate	F = Fair
2 = Dependent	2 = Not available or in use	0 - 11 = Low	G = Good

*This chart is based on the ALSAR tool developed by the Geriatrics Section of the Midwestern Veterans Hospital, Madison, WI.

PRIMARY CAREGIVER: _____
Initial SW Initial Assessment