SCHOFIELDCARE

SCHOFIELD ADULT DAY HEALTH CARE PROGRAM

Social Services Assessment

Date of Assessment_____

Identifying Data: Name_____ MR#_____

Nickname/Prefers to be called_____

Address_____Tel#_____

Living Arrangements:_____

Referral Source_____Ph#_____

DOB_____ AGE _____ Marital Status____ Veteran Y / N Branch: _____

Diagnosis/Medical History_____

Hearing loss: Yes / No Aide Used: Yes / No Vision Loss: Yes / No Aide Used: Yes / No

Current Assessment/Functioning:

Alert: ____Always ____Sometimes Oriented: (Circle) Person Place Time Situation

Memory Intact in: (Circle) Immediate recall Short -Term Long –Term

MMSE Score_____ Comments: _____

Insight/ Judgment/Safety Awareness: (Circle) Intact Impaired

Comments/Explain:_____

Mood_____ Affect_____ Behavior Patterns_____

Psychiatric Diagnosis: Y / N List:_____

Comments/Explain:

_____Counselor/Agency_____

Substance Use/ Abuse History:_____

Treatment Plan:_____

Registrant Name:_____ MR#_____

Background and Social History

Family History (birthplace, household, dynamics, abuse hx, deaths)

_____

_____

_____

_____

_____

Education:

_____

Employment:

_____

Marital/Relationship History: (quality, children, deaths)

_____

_____

Pets: YES / NO Comments:_____

Community

Contacts/Supports:_____POA/Guardian?_____

Who does shopping?_____

What do you do for Transportation?_____

Do you have Meal Service? Y / N Do you have Paratransit or Bus Pass? Y / N

Community Involvement/Interests:_____

_____

Family/Representative Involvement:_____

_____

Spiritual Preference/Involvement_____Restrictions_____

Financial Status:_____

Developmental History:_____

Registrant Name_____MR#_____

Can Registrant be left alone? YES / NO

Comments/Explain:_____

Exploring/Elopement Risk

_____Registrant is ambulatory or independent with wheelchair
_____Registrant has a history of exploration (ex: wandering or moving about unsupervised)
_____Registrant has cognitive impairment or poor decision-making skills
_____Registrant displays body language or talks about leaving or seeking to find someone
_____Registrant is alert and oriented but may leave without letting anyone know

Risk/Potential YES / NO Comments/Explain:_____

_____

**Risk will be reviewed at every careplan

Do you use: (Circle one) Cane Walker Manual W/C Electric W/C None

Person Centered Goals Identified

_____

_____

_____

_____

Any Immediate needs expressed at this time?_____

Plan:_____

Additional comments_____

_____

_____

_____ _____

Signature and Title Date