



SOCIAL HISTORY FORM

I.

Name: _____ Birthplace: _____

Language spoken: _____

Mother's Name: _____ Father's Name: _____

Number of Brothers: _____ Sisters: _____

Names and Addresses:

Spouse's Name: _____ No. times married: _____

Year Married: _____ If deceased, when: _____

Number of children: _____ List name and addresses below:

Number of grandchildren: _____ great-grandchildren: _____

Supportive Friend (s): _____

Description of family structure and relationships:

Church: _____ Minister's Name: _____

What organizations/clubs do you belong to: _____

Former Occupation: _____ Year retired: _____

Level of Education: _____

Military Service: ____ Yes ____ No Branch: _____

II.

Is resident able to write own letters/sign documents? _____

Is resident able to read and understand his/her own mail? _____

Resident is:

____ alert ____ confused ____ oriented ____ cheerful ____ depressed

Resident is:

____ ambulatory ____ walker ____ wheelchair ____ in bed

Speech is:

____ good ____ with difficulty ____ slurred

Vision is:

____ good ____ w/ glasses ____ poor ____ nearly blind ____ blind

Hearing is:

____ good ____ poor ____ hearing aid

Political interest? ____ Yes ____ No Democrat: ____ Republican: ____

Hobbies/special interest (s) : _____

What interesting things should we know about the Resident (i.e. describe personality):

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Previous mental/health retardation service history? _____

Current behavioral and social functioning including strengths and problems:

Any history of substance abuse? _____

III.

Location of resident prior to admission: _____

Reason for admission: _____

Medical problems, previous hospitalizations, operations, illnesses: _____

Has he/she been in a Skilled Nursing Facility in the past sixty days? _____

What condition brought the Resident to Amerisist? _____

Discharge Plan, if not long term care:

IV.

Advance Directives/living will: _____ Yes _____ No

Who is designated as P.O.A.? _____

Other legal documents: _____

Completed by: _____

Information received from: _____

Relationship: _____

Date: _____