

**SOCIAL HISTORY QUESTIONNAIRE**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **SSN#** \_\_\_\_\_

**MEDICAID#** \_\_\_\_\_ **MEDICARE Part A:** \_\_\_\_\_ **Part B:** \_\_\_\_\_

**PRIVATE HEALTH INSURANCE:** \_\_\_\_\_

**DENTAL INSURANCE:** \_\_\_\_\_

**LIFE INSURANCE (cash value)** \_\_\_\_\_

**BURIAL INSURANCE :( cash value)** \_\_\_\_\_

**BURIAL PLOT:** \_\_\_\_\_

**GUARDIAN** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **Cell** \_\_\_\_\_

**CURRENT GUARDIAN ADDRESS:** \_\_\_\_\_

**PERSON PROVIDING INFORMATION:** \_\_\_\_\_

**1. Where is applicant currently living?** \_\_\_\_\_

\_\_\_\_\_

**2. Is this a temporary living arrangement:** \_\_\_\_\_

**3. What problems is the applicant currently having?** \_\_\_\_\_

\_\_\_\_\_

**4. Is applicant currently attending a day training program? If yes, please give name of program and describe training** \_\_\_\_\_

\_\_\_\_\_

**5. What programs or a school has the applicant attending in the past?** \_\_\_\_\_

\_\_\_\_\_

**SOCIAL HISTORY QUESTIONNAIRE**

**6. List Reasons For Leaving The Program:** \_\_\_\_\_

\_\_\_\_\_

**7. List Behavior problems & Medications (list current behaviors)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7a. Please list behavior problems and medications from the past history** \_\_\_\_\_

\_\_\_\_\_

**8. Why are you seeking placement at the David Puryear Center?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9. Please List Current Handicapping Condition:** \_\_\_\_\_

\_\_\_\_\_ **Mental Retardation (List level if known)** \_\_\_\_\_

\_\_\_\_\_ **Seizure Disorder List Type and Frequency** \_\_\_\_\_

\_\_\_\_\_ **Cerebral Palsy** \_\_\_\_\_ **Autism** \_\_\_\_\_ **Downs Syndrome** \_\_\_\_\_ **Other**

\_\_\_\_\_ **Mental Illness (Explain)** \_\_\_\_\_

\_\_\_\_\_ **Physical Health Problems (include diseases, allergies or infections** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIST CURRENT MEDICATIONS:** \_\_\_\_\_

\_\_\_\_\_

**SOCIAL HISTORY QUESTIONNAIRE**

**SPECIAL DIET NEEDS** \_\_\_\_\_

**CURRENT PHYSICIAN** \_\_\_\_\_

**OFFICE ADDRESS:** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**Describe Applicants Ability To Do The Following:**

**Walk** \_\_\_\_\_

**Talk** \_\_\_\_\_

**Vision** \_\_\_\_\_

**Hearing** \_\_\_\_\_

**Feed Self** \_\_\_\_\_

**Toilet Self** \_\_\_\_\_

**Dress Self** \_\_\_\_\_

**Bathe/Groom Self** \_\_\_\_\_

**Read** \_\_\_\_\_ **Write or Print** \_\_\_\_\_

**Tell Time** \_\_\_\_\_ **Recognize numbers** \_\_\_\_\_

**Recognize Money** \_\_\_\_\_ **Make Change** \_\_\_\_\_

**Use Telephone** \_\_\_\_\_

**Wash Clothing** \_\_\_\_\_

**Prepare Food** \_\_\_\_\_

**Travel Alone** \_\_\_\_\_

**Work Independently** \_\_\_\_\_

**SOCIAL HISTORY QUESTIONNAIRE**

**Please Describe Applicants Level of Participation:**

**Recreation** \_\_\_\_\_

**Church** \_\_\_\_\_

**Domestic Chores** \_\_\_\_\_

**Vocational Skills** \_\_\_\_\_

**Group Activities** \_\_\_\_\_

**Does the applicant have an aggressive or passive personality** \_\_\_\_\_

\_\_\_\_\_

**Does Applicant vocalize or verbalize?** \_\_\_\_\_

**Does Applicant interact well with others?** \_\_\_\_\_

**List the applicant's favorite activities** \_\_\_\_\_

\_\_\_\_\_

**List any known dislikes and or fears (foods, activities, crowds, storms, the dark etc)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Does the applicant attempt to hurt himself or others?** \_\_\_\_\_

\_\_\_\_\_

**Does the applicant have temper tantrums?** \_\_\_\_\_

**List and describe behavior incidents over the past 6 months.**

**SOCIAL HISTORY QUESTIONNAIRE**

**Does the applicant have any self-stimulating behaviors?** \_\_\_\_\_

\_\_\_\_\_

**BIRTH & DEVELOPMENTAL HISTORY:**

**Place of Birth** \_\_\_\_\_

**Problems during or before birth** \_\_\_\_\_

**When was primary disability first indicated** \_\_\_\_\_

\_\_\_\_\_

**When did other disabilities surface** \_\_\_\_\_

\_\_\_\_\_

**FAMILY PROFILE:**

**Mother:**

**Age & Occupation** \_\_\_\_\_

**Father:**

**Age & Occupation** \_\_\_\_\_

**Siblings** \_\_\_\_\_

\_\_\_\_\_

**Does applicant receive SSI or SSA? If so list the amount** \_\_\_\_\_

**Does the applicant receive any other form of income (a trust, retirement etc)** \_\_\_\_\_

\_\_\_\_\_

**Does the applicant appear accepted and emotionally attached to family?** \_\_\_\_\_

**SOCIAL HISTORY QUESTIONNAIRE**

**How often does family visit?** \_\_\_\_\_

**SOCIAL HISTORY QUESTIONNAIRE**

**Are any visits overnight?** \_\_\_\_\_

**Does the family appear supportive of placement at this facility and its goals and purposes?**

\_\_\_\_\_  
**Please list any other services received by the applicant in the past. Or other information you feel would be important for the facility to have concerning the applicant.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Person Completing Form**

**Date**

**SOCIAL HISTORY QUESTIONNAIRE**

**IMPRESSIONS & RECOMMENDATIONS OF THE SOCIAL WORKER:**

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**SOCIAL WORKER SIGNATURE**

**DATE**

## **SOCIAL HISTORY QUESTIONNAIRE**

**PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:**

**Birth Certificate**

**Shot Records**

**Graduation Certificate**

**Medicaid Card**

**Medicare Card**

**Private Insurance Cards**

**Guardianship Papers**

**Living Wills (if applicable)**

**Do Not Resuscitate Order (if applicable)**

**Voter Registration (if applicable)**