

REPORT OF SOCIAL WORKER

1. **SURNAME:** _____
- FULL NAMES:** _____
- DATE OF BIRTH :**
- ADDRESS:** _____
- _____
- TELEPHONE NO:** _____ (Code: _____)
- CELLPHONE NO:** _____
2. **FAMILY COMPOSITION AND RELATIONSHIPS:**
- _____
- _____
- _____
- _____
- _____
3. **PERSONAL DETAILS (personality, interests, adaptation in group situation, etc.)**
- _____
- _____
- _____
- _____
4. **SOCIAL CIRCUMSTANCES:**
- Care:** Care for him-/herself Cared for by children/family/friends/other
- Quality Care:** Good Fairly Insufficient
- Social Contacts:** Sufficient contact with family/ extended family/friends
 Contact very limited Lonely
- Social adaptation:** Well-adapted Social situation difficult
 Depressed Behavioural Problems
- Motivation:** _____

5. ENVIRONMENTAL AND HOUSING CONDITIONS (Living conditions, motivation for recording, home problems):

- 5.1 CURRENT HOUSING: Own Home Rental House Boarding House
 Home for the elderly Hospital Live with others
 Live with children Apartment Shelter Retirement Resort

- 5.2 Certainty concerning current accomodation: Indefinite Uncertain
 Must leave Can stay, but circumstances not suited for elderly

Provide Reasons:

6. PHYSICAL AND PSYCHIC CONDITION

Is the applicant able to:

YES or NO to SOME DEGREE
(indicating with √)

6.1 Physically

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| * Preparation and cooking of own meals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| * Keep the house clean | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| * Bath themselves | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| * Dress themselves | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| * Eating without assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| * Move around freely and without assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Health: (Indicate with √) Good Erratic Weak

6.2 **PSYCHIC (poor memory, comprehension, depression, psychosis, aggressive behaviour):**

Check mark. (✓) Clear Thoughts Forgetful

Signs of carelessness Clear signs of dementia

Psychiatric report attached? Yes No

6.3 **Drug dependence:** (alcohol, marijuana, prescription medications, etc.)

7. **ECONOMIC CIRCUMSTANCES:**

8. **REASONS FOR ADMITTANCE (age, social circumstances, home problems, bodily and physical impairment, economic circumstances, concatenation):**

9. **SERVICES ALREADY RENDERED (as well as other home applications):**

10. **RECOMMENDATION (Specify type of placement, e.g. room, sick bay, flat):**

11. **MOTIVATION REGARDING NON-ELDERLY/DISABLED:**

12. **How long is the applicant known to you?** _____

SOCIAL WORKER

NAME OF ORGANIZATION

DATE

Registration No.: Social worker