



Elm Creek
New Patient Social History

Satisfied with current living situation? Yes / No

Any children? Yes / No

If yes, give names and ages, where children live, and describe relationships with children: _____

Current Living arrangement: _____

Number of persons other than the consumer living in the home: _____

Consumer currently lives with (check all that apply):

- | | | | |
|----------|-------------------|---------|--------|
| Spouse | Significant Other | Mother | Father |
| Guardian | Grandparent | Uncle | Aunt |
| Son | Daughter | Brother | Sister |
| Cousin | Foster Parent | Friend | Other |

Current home atmosphere:

- | | | |
|---------|-------------|------------|
| Loving | Comfortable | Supportive |
| Chaotic | Abusive | Other |

Describe Current Living Situation: _____

Overall Quality of Interpersonal Relationships (length, amount of difficulty forming and maintaining):

Describe family involvement: _____

EDUCATIONAL AND DEVELOPMENTAL INFORMATION

In school/college/training program? Yes / No

Name of school/college/training program: _____

Location of school (city): _____

Last grade completed: _____

Learning disorder? Yes / No

Special education classes? Yes / No / Unknown

Describe School Functioning: _____

Can read and write? Yes / No / Unknown

Explain:

History of developmental delay? Yes / No

If yes, specify:

VOCATIONAL INFORMATION

Current employment status: _____

How long at current job?

0-6 months 6 moths-1 year 1-5 years 6-10 years over 10 years

Satisfied with current job? Yes / No

Experiences difficulty performing work or work-like activity? Yes / No

Describe the severity/frequency of work problems of any kind: _____

Relevant work history (begin-end dates, employers, duties performed, etc.): _____

If yes did consumer complete training? Yes / No

STRENGTHS

(check all that apply):

- | | |
|---------------------------------------|--------------------------------------|
| Family Support and Involvement | Ability to Care Self/Others |
| Ability to Maintain Relationships | Ability to Participate in Treatment |
| Good Verbal/Intellectual Skills | History of Adequate Decisions Making |
| Stable Work History | Artistic Talent |
| Enjoyment of Reading | Enjoyment of Gardening |
| Nurturance and Enjoyment of Pets | Nurturance of Children |
| Interest in Sports | History of Participation in Sports |
| History of Community Involvement | Ability to Manage Finances |
| Interest in Hobbies | Support of Friends |
| Insight into Problems | Education |
| Capable of Independent Living | Sense of Humor |
| Motivated for Treatment | Community Support/Network |
| Technical/Vocational Skills | Compliant with Previous Treatment |
| Religious Affiliation/Support Network | Physical Health |

Describe any leisure activities or hobbies: _____

Current support systems?

Family support and involvement
Boy/girlfriend
Community involvement
Involvement in school activities
Currently employed
Other support groups
Other

Spouse support and involvement
Support of friends
Religious affiliations/support network
Participates in organized sports
12-Step program
Counselor
None

Describe: _____

