MS STATE VETERANS AFFAIRS BOARD

3466 Hwy 80 East
P.O. Box 5947
Pearl, Mississippi 39285-5947

SOCIAL HISTORY

We have found through experience that the more we know about our residents when they come into our facility the better care we can give. Often details of a person's past life which we never thought of asking about turn out to be important factors in their happiness here. Your replies are completely confidential and will be used only for professional purposes. Sending the completed form in advance will save you time on admission. If you are uncertain about any questions, you can discuss them with one of us.

I. CURRENT SITUATION

A.

	ALONE	NEEDS HELP	UNABLE
1. Dressing	☐	☐	☐
2. Washing hands and face	☐	☐	☐
3. Bathing and skin care	☐	☐	☐
4. Getting in and out of bed	☐	☐	☐
5. Getting in and out of a chair	☐	☐	☐
6. Hair care	☐	☐	☐
7. Fingernail care	☐	☐	☐
8. Toenail care	☐	☐	☐
9. Shaving	☐	☐	☐
10. Brushing teeth and/or dentures	☐	☐	☐
11. Toilet use	☐	☐	☐

12. Bowel control: ☐Normal ☐Occasional loss of control ☐Unable to control
☐Enemas ☐Uses Suppositories

Frequency_____ Time of Day_____
Any "help" used: _____

13. Bladder control: ☐Normal ☐Occasional loss of control ☐Unable to control
☐Catheter

Frequency_____ Time of Day_____

B. Walking (check all that apply)

☐Normal	☐Cane(s)	☐Wheel Chair
☐Slow but steady	☐Crutch(es)	☐Brace
☐Unsteady	☐Walker	☐Artificial Limb
☐Not walking	☐Climb Stairs	
☐Up in chair only	☐Bedridden	

Resident Name_____ Physician_____ Date_____

Describe falls or injuries resident has had:_____

_____

Name preferred to be called:_____

C. Eating:

1. Foods resident dislikes: _____

2. Foods which cause allergies: _____

   Foods which cause indigestion: _____

3. Appetite (check one) ☐poor ☐normal ☐overeats
4. Eating (check one) ☐feeds self ☐ needs help ☐spoon fed ☐tube fed

5. Describe use of alcoholic drinks: _____

   Any objections to alcoholic drinks prescribed by physician? _____

6. Does resident smoke? _____ If yes, state type & supply: _____

   Does he/she object to being with those who smoke? _____

D. Sleeping (check all that apply)
Usual bedtime at: _____ P.M. Usually wake-up time: _____ A.M. If takes nap, time: _____

☐restless ☐wandering at night ☐ unable to use nurse call signal
☐daytime dozing ☐needs side rails

E. Describe any impairments or problems:

1. Speech: _____

   If impaired, how does resident communicate? _____

2. Writing: _____

   ☐right handed ☐left handed ☐both

3. Vision: _____

   ☐glasses Reading ability: _____

4. Hearing: _____ Better ear: _____

   ☐hearing aid Type: _____

   Battery #: _____ Where to buy batteries: _____

   Where to get hearing aid repaired: _____

5. Teeth and mouth: _____ Upper☐ Lower☐ Dentures☐
6. Skin: _____

   Bedsores: _____

7. Feet: _____
8. Other physical conditions requiring care: _____
9. Problems getting resident to take medicine or treatment: _____

   _____

10. Medicines or treatment resident has reacted unfavorably to or is allergic to: _____

    _____

    _____

F. Check all of the following which describe present condition(s). (If occur only occasionally, indicate when)
Star (*) items developed in recent month(s).

☐Sociable
☐Cheerful
☐Independent
☐Too independent
☐Mentally alert
☐Confused
☐Temper outbursts
☐Cries easily
☐Excessive laughing
☐Wants to get well
☐Noisy
☐Loss of self esteem
☐Believes people are against them
☐Hearing things that are not there
☐Prefers to be alone
☐Prefers groups
☐Silent
☐Cooperative
☐Reserved
☐Aggressive
☐Has talked of suicide
☐Has attempted suicide
☐Withdrawn
☐Chronic complainer
☐Sensitive
☐Slightly forgetful
☐Very forgetful
☐Depressed
☐Often angry
☐Worrier
☐Easily fatigued
☐Fears of death
☐Dizziness
☐Fainting
☐Convulsions
☐Headaches
☐Poor judgement
☐Sees things not there

II. PAST LIFE

A. Early family life

1. Born and raised:_____

   (If foreign born) Age came to U.S._____Citizen now?_____

2. Father's name:_____Birthplace:_____

3. Mother's maiden name:_____Birthplace:_____

4. Names, age and descriptions of brothers and sisters of resident and present contact and relationship with resident:_____

B. Education
Grade completed:_____On-the-job training:_____

C. Occupation
Main jobs:_____

D. Travels - where and when?_____

E. Retirement

1. Planning in advance:_____

2. Date of retirement:_____ Voluntary or Involuntary:_____

3. Reaction of retirement was:_____

4. Work subsequent to retirement:_____

F. Marriage (If wife, give maiden name)

1. Spouse's name:_____

2. Date of marriage:_____

3. Divorced?_____ Widowed?_____

4. Reaction to death of spouse:_____

5. Describe the important characteristics of the marriage as you know them:_____

6. Children:

   Name: _____Spouse's name: _____

   Grandchildren: _____

   Present contacts and relationships with resident: _____

   Name: _____Spouse's name: _____

   Grandchildren: _____

   Present contacts and relationships with resident: _____

   Name: _____Spouse's name: _____

   Grandchildren: _____

   Present contacts and relationships with resident: _____

   Name: _____Spouse's name: _____

   Grandchildren: _____

   Present contacts and relationships with resident: _____

A. Resident's mental/emotional status:

1. Are there any problems we can expect? Suggestions for handling? _____

2. How does resident accept reality? _____

3. What was resident's usual temperament or disposition during earlier adult life? _____

4. How is the present temperament of mental attitude of the resident different from the past? (For example: how do they get along with people? What upsets them?) _____

5. What satisfaction does resident have in present life? _____

6. What frustrations? _____

7. Any medicine resident uses regularly? _____

B. Admission Decision

1. Describe in your own words why resident is coming into the facility. Include details that you consider significant: _____

2. Who was most influential in making the final decision and how did this come about? _____

III. PRESENT LIVING ARRANGEMENTS

1. Resident is presently located? _____ How long? _____

   Owned their home? _____ Any plans to dispose of home? _____

   Where lived most of adult life? _____

2. Whom does resident trust most? _____ The least? _____

3. Are there any financial problems the resident is worried about? _____

   Can resident manage own pocket money? _____ How much? _____

4. Able to take care of own valuables? (Watch, rings, etc.) _____

   Precautions: _____

IV. MISCELLANEOUS CURRENT INFORMATION

1. What has resident been told about their condition and the outlook for the future? _____

   What was his/her reaction? _____

2. What has resident been told about coming into the facility? _____

3. In the event resident improves sufficiently to be discharged, the tentative plan is that resident will

   be moved to: Own Home _____ Sheltered care home _____

   Home of family member (name) _____

   Home for the aged _____ Foster home _____

   Other _____ No plan _____

What has resident been told about these plans and what is their reaction?_____

_____

_____

Where would they prefer to live?_____

Which Funeral Home will they use? Name: _____ Phone Number: _____

Is there any other information you think we should know to assist us in caring for him/her?_____

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Admission Date_____Completed by_____Date_____

Reviewed by_____Date_____