

Social and Patient Education History

Chart #:

Today's Date:	Signature:
Updated On:	
Updated On:	
Updated On:	

Name:	Birth date	Age	Sex
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Social History:

Household Members: *(identify primary support person with an "**")*

Name	Age	Relationship	Smoker?		# ppd
			Yes	No	
Self		N/a			
*					
Heat your home by wood?					

Third Party Billing Information: *(ask patient specifically: "Do you have . . . ?")*

Coverage	Yes	No	List Company Name:
General Assistance (GA)	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Assistance (MA)	<input type="checkbox"/>	<input type="checkbox"/>	
Medicare Part A	<input type="checkbox"/>	<input type="checkbox"/>	
Medicare Part B	<input type="checkbox"/>	<input type="checkbox"/>	
Minnesota Care	<input type="checkbox"/>	<input type="checkbox"/>	
Private Insurance	<input type="checkbox"/>	<input type="checkbox"/>	

Work Information:

	Yes	No	
Are you currently employed:			Where? Type of Work?
Have you done other kinds of work?			List:

Spirituality:

What is your religious/spiritual Belief system?	Traditional	
	Catholic	
	Episcopal	
	Protestant	
	Other	
What (if any) aspects of your religion/spirituality Would you like us to keep in mind as we care for you?		
Do you wish to speak to a	Traditional Healer?	
	Priest?	
	Minister?	

Education/Learning History:

"REALM" generated literacy level:		
Highest grade in school completed:		
How do you prefer to learn?	One-to-one	
	Written	
	Doing	
	Verbal	
	Video	
	In-depth info	
	Just the basics	
	Group	
	Return demo	

Barriers to Learning:

Physical Barriers	Vision	
	Hearing	
	Ambulation	
	Gross motor skill deficits	
	Fine motor skill deficits	
Health-related barriers	Chronic pain	
	Confused	
	Sedated	
	Knowledge deficit r/t diagnosis	
Psycho-social barriers	Literacy	
	Language	
	Age-related	
	Documented Hx of psych. Disorders in MR	
	Documented Hx of substance use in MR (more than one time)	
	Documented Hx of self-destructive behavior in MR	
	"CAGE" ASSESSMENT SCORE	