Social History Questionnaire

Personal History:

Full name and any nick names:

Residence prior to admission (Address and Phone#):

Date of Birth:

Birth Place:

Include circumstances of birth (at home, hospital or unusual circumstances.):

Mothers full name including maiden name:

Fathers name:

Sibling’s names and if deceased:

Birth order:

Education Completed:

Spouse(s)/partner(s) if deceased or living:

Please include some details of how met and life together etc.

Children/Stepchildren names and if deceased:

Number of grandchildren great grandchildren:

Any Family dynamics or issues:

Work History:

Jobs and how long at each:

Significant Medical History:

Surgeries: including joint replacements and eye surgeries (approximate year and where):

Significant or Chronic illness (strokes, MS, cancer etc.):

Assistive Devices (in use or need assessed for)

Glasses-

Dentures or partials-

Hearing aids-

Walker or cane-

Wheelchair-

Prosthesis-

Electronic devices-

Incontinence products-

Other-

Psychosocial History:

Trauma (abuse, physical, mental, or emotional, Assault or accidental such as car or work accident service during war) how long ago:

Significant Death (spouse, children, close friend or family, how long ago):

Financial Exploitation:

If yes to any of the above, has the trauma had a lasting significant effect on you emotionally, psychologically, physically, or spiritually?

If yes please describe, in as much detail as possible, how: such as do you have night mares, trouble sleeping, or sleeping too much, panic attacks, do you feel disconnected from others, your surroundings, or events in your life, do you have trouble feeling happy or other positive emotions,

If yes to the above are there any triggers that make things worse?

Are there any things that help make things better for you, do you have any coping skills that have worked for you in the past?

How do you express anger (yell, cry, become silent, talk it out, etc.)

How do you express sadness (cry, isolate, talk to a friend, etc.)

Do you have any body language or indicators when you are experiencing stress (tapping foot, rubbing temples, deep sighs, facial expressions, or picking at skin or blanket etc.)

What helps make things better when you are feeling angry, sad, or stressed?

Personal Social History:

Religion, Faith, Church, Personal Spiritual:

Clubs, Community organizations, Social Activities, Volunteering:

Hobbies and interests (now and in the past):

Favorites: (now or past)

Food-

Music-

TV & Movies-

Places to Go-

Pets-

Books, magazines, papers-

Clothing-

Personal items-

Personal Habits:

Times to rise and retire:

Showers or Bath (how often, time of day preferred):

Meals and snacks (times):

Social or Loner:

Exercise:

Home body or traveler:

Reason for Admission:

Hospitalization (illness, fall, other):

Decline in Health (weight loss or mobility, ability to care for self, etc.):

Decline in Memory, Cognition, mental state or ability to communicate:

Mood changes or new medications in the last 60 days:

Other Observations or information:

 COMPLETED BY SIGNATURE DATE

 REVIEWED BY SIGNATURE DATE