

SOCIAL SERVICES QUARTERLY

Minimally or non-responsive? YES NO

Periods of confusion? YES NO

Check all that apply: ___ well adjusted to placement ___ content ___ friendly to peers ___ withdrawn;quiet

___ cheerful;smiles frequently ___ sad affect ___ angry or demanding ___ depressed ___ self-motivated

Oriented x _____

Impaired memory or judgement? YES NO

FAMILY/SUPPORT SYSTEMS INVOLVEMENT/CHANGES _____

SIGNIFICANT CHANGES IN PHYSICAL, COGNITIVE OR PSYCHOSOCIAL STATUS SINCE LAST REVIEW _____

DENTAL, HEARING, OR VISION ISSUES ADDRESSED THIS QUARTER _____

MAJOR PSYCHOSOCIAL ISSUES (INCLUDE BEHAVIOR PROBLEMS) BEING ADDRESSED:

PSYCHOTROPIC RX? YES NO

RESTRAINTS? YES NO

SOCIAL SERVICES INTERVENTIONS _____

DISCHARGE PLAN _____

SIGNATURE _____ DATE _____

RESIDENT _____ MR# _____ MD _____

NST

FORMS

RESIDENT

MR#

MD