

SOCIAL SERVICES CONSULTATION SHEET

Request for consultation by: D trauma Reason for referral: _____

Consultation only Reevaluation

Date: 1-1-74 Age: 20 Sex: M Insurance: _____
Information Source: Pt Family Chart Other _____
Religious Preference: Prot. Jewish Cath Jehovah's Witness NRP Other _____

Admitting Diagnosis: _____ DATE OF SURGERY: _____

BACKGROUND:

Marital Status: Married Widowed Single Divorced Number/Age of Children: _____
Occupational History: _____
Military Service: Yes No N/A
Educational History: Grade School High School College Post Graduate N/A
Pt lives with: Spouse Children Significant Other Friend Alone ECF _____ Other _____
Support Person (s): Philip & Pam Warren Parents Lives with Pt? Yes No
Home Environment: Two-Story Trilevel If not ranch: Bedroom On First Floor? Second Floor?
 Ranch Bathroom On First Floor? Second Floor?
DME at home: Cane Walker Hosp-Bed O2 Other _____ Where Obtained: _____
Previous community home health services or agency involvement? Yes No Agency _____

PTA ADL: _____
Probable ability for self care after D/C: Independent Minimal Assistance Moderate Assistance Total Care
Substance Abuse: Yes No Problems Noted
Finances: Assistance Needed No Problems Noted

Social Issues: patient was shot multiple x's by an unknown assailant.
Parents are here from Indianapolis & will be staying at the Holiday Inn, City Center (2213281)
Education Deficits: _____

Plan of Care/Comments:
1. Discharge Planning
2. Checking Insurance
3. Emotional Support

CONSULTANT Signature: Jody Bush LSW page# 2824 Consultation completed: Date 2-11-74 Hour 14:20 AM PM

Participants in plan of care: Pt Primary Nurse Physician Family Community Resources Other _____

Pt/caregiver _____ has been informed of plan of care.

SOCIAL SERVICES CONSULTATION SHEET



Social Services Department
Columbus, Ohio

White - Chart Pink - Social Services

Addressograph 309A

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UNKNOWN
UCYRUS, OH 44820
R FALCONE
VP ADM DATE 02.13.94