

Psychosocial Report

This report is a requirement to apply for the following services: KIDs, Hostel, Villa Chelsea, Home Support Service and Supportive Housing.

1. *No part of this report should be omitted, write N/A where not applicable;*

General information

NAME & SURNAME: _____

ID NO: _____

Background

(status, current situation and main concerns)

Tick if applicable - Interdiction Inabilitation

Family history and composition

(partner/s, children, marriage difficulties, other problems)

Responsible Carer

(has responsible carer been appointed? If yes please attach relevant document)

Significant others and social network

(particular family members, carers, friends, neighbours etc)

Involvement of other services and professionals

Education

(education received, particular problems, literacy skills, aspirations)

Psychiatric History

(family psychiatric history, relapses, signs indicating relapse, compliance, insight etc)

Present psychiatric conditions

(diagnosis, symptoms, functionality, compliance, insight etc)

Hospitalisation (if any)

| FROM | TO | REASON FOR ADMISSION | HOSPITAL |
|------|----|----------------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

Current treatment

| Type | Dosage | Frequency |
|------|--------|-----------|
| | | |
| | | |
| | | |

Interaction relative to self and others

AGGRESSION

PHYSICAL: Present Past
VERBAL: Present Past

HARM

SELF: Present Past
OTHERS Present Past

ADDICTION

ALCOHOL: Present Past
DRUGS: Present Past
OTHERS: Present Past
Specify _____

Other medical conditions

(such as heart conditions, diabetes – include allergies or other disabilities)

Employment

(history, any particular problems, dismissals, unemployment)

Housing

(Include housing history, evictions, homelessness, rent, private ownership, current living situations etc)

Financial issues

(debts and usury, loans, provision of social benefits/assistance)

Problem areas

(education, behaviour, domestic skills, budgeting, communication etc)

Civil or criminal proceedings

(pending civil cases, marital separation, criminal record, pending criminal cases)

Strengths

(personal resilience, supportive network etc)

Interests and hobbies

(sports, leisure activities etc)

Conclusion

Proposed care plan

Name and surname
Professional preparing this report.

Signature

Name and surname
Prospective service user

Signature

Date: _____