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: _______________

Family of Origin & History

(Family Composition, Children, Status, Current Situation, Main Concerns)

____

____

____

Significant others

(Current Support Network & Significant Others)

____

____

____

Responsible Carer

Name & Surname: _______________________________

Relation: _______________________________________

Contact Details: Mobile - ________________ Tel - _________________

Email: ____

Other Services & Professionals Involved

____
____
____

Education
(Level of Education, Literacy Skills, Educational Courses, Educational Interests, Learning Difficulties)

____
____
____

Psychiatric History
(Family Psychiatric History, Relapses, Signs Indicating Relapse, Compliance to Medication, Level of Insight)

____
____
____

Present Psychiatric Conditions
(Diagnosis, Symptoms, Functionality, Compliance to Medication, Level of Insight)

____
____
____

Hospitalisation (if any)

FROM	TO	REASON FOR ADMISSION	HOSPITAL	VOLUNTARY OR INVOLUNTARY

Current Treatment

Oral Tablets in Dosage Box

Name	Dose	Frequency

Medication NOT in Dosage Box (To be taken with daily medications)

Name	Dose	Frequency

Injection

Name	Dose	Frequency

PRN (Approved Medication that can be given on request)

Name	Dose	Frequency

Please ensure that treatment list is signed by Medical Doctor

Medication last reviewed on *(Date)* __________________ by ______________________

In Line with Prescription/s Dated: ____

Interaction Relative to Self & Others
(Tick the Relative Box)

TYPE	PAST	PRESENT
Physical Aggression		
Verbal Aggression		
Self-Harm		
Harm to Others		
Substance Misuse		
Alcohol Misuse		
Drug Addiction		
Suicidal Ideation		
Suicide Attempts		

Physical Medical Conditions & Specific Dietary Requirements
(Such as heart conditions, diabetes – include allergies or other disabilities)

____
____
____

Employment
(History, any particular difficulties, 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)

____
____
____

Civil or criminal proceedings
(Pending Civil Cases, Marital Separation, Criminal Records, Pending Criminal Cases)

____
____
____

Strengths
(Personal Resilience, Supportive Network etc)

____
____
____

Interests and hobbies
(Sports, Leisure Activities etc)

____
____
____

Conclusion

____
____
____

Proposed Care Plan
(Education, Skills, Communication, Behaviour, Budgeting etc)

____
____
____

_______________________________ _________________
Name & Surname Signature
Professional preparing this report.

_______________________________ __________________
Name & Surname Signature
Prospective service user

Date: ______________

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