Insert HD Logo Here

Patient Label

 **TB CLINIC**

**SOCIAL SERVICE ASSESSMENT**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity (circle one) White Asia/Pacific Islander

 Black American Hispanic/Mexican

 Black/Haitian Hispanic/Cuban

 Black/Other Caribbean Hispanic/Puerto Rican

 Native American Hispanic/Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender (circle one): Male Female

**Educational Evaluation:**

What was the highest grade in school that you completed? \_\_\_\_\_\_\_\_\_\_\_\_

Do you have problems reading or writing? Yes No

Are you currently attending school? Yes No

**Profession/Occupation**

Are you presently working Yes No Full Time Part Time

Were you working prior to your diagnosis of tuberculosis? Yes No

Current employment pattern (circle one) Full-time (40 Hr week) Retired/Disability

 Part-time (Regular Hr) Unemployed

 Part-time (Irregular Hr) Institutional Environment

 Student Military Service

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial /Residential Information**

Are you experiencing financial problems or difficulties? Yes No

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Persons presently living with you

 Name Sex Age Relationship

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Does anyone in your family have mental health problems? Yes No

Do you spend most of leisure time with friends or alone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

Are you taking any prescribed medication? Yes No

How do you feel you are coping with the diagnosis of tuberculosis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Client Current Level of Functioning** (circle one)

Appearance: Appropriate Inappropriate

Motor activity: Appropriate Slow Inappropriate

Affect: Normal Flat Hyperactive

**Observations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Client’s Strengths/Resources \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Client’s Weaknesses/Limitations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Social Worker:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_