

# SOCIAL WORK QUESTIONNAIRE

We are interested in the total well being of our patients. In keeping with this philosophy, we feel that social worker intervention may sometimes be appropriate. During your rehabilitation, you, your physician, therapist, or our social worker might agree that this service may be helpful. The Social Worker is available by appointment to evaluate the social or vocational factors involved in your rehabilitation, to counsel and advise you on social problems arising from your illness or injury, and to make appropriate referrals for required services, if any. You may schedule a meeting with our social worker through the receptionist or through your therapist.

Please answer the following questions to assist us in determining whether you might benefit from social work or vocational consulting services:

1. Are you presently out of work because of your illness or injury? Yes\_\_\_\_\_ No\_\_\_\_\_
2. Are you experiencing stress or related problems because of your illness or injury?  
Yes\_\_\_\_\_ No\_\_\_\_\_
3. Are you receiving social work, psychological counseling or vocational counseling through your physician or insurance company? Yes\_\_\_\_\_ No\_\_\_\_\_
4. Are you interested in speaking to the Social Worker? Yes\_\_\_\_\_ No\_\_\_\_\_
5. Do you live alone? Yes\_\_\_\_\_ No\_\_\_\_\_
6. Are you your own primary caregiver? Yes\_\_\_\_\_ No\_\_\_\_\_
7. Are you the primary caregiver for a spouse or family member? Yes\_\_\_\_\_ No\_\_\_\_\_
8. Are you able to perform the following daily tasks?

Self-care (bathing, washing hair, etc.)	Yes_____	No_____
Driving	Yes_____	No_____
Grocery shopping	Yes_____	No_____
Preparing food	Yes_____	No_____
Housekeeping	Yes_____	No_____
9. If you answered "no" to any question in #8, who is currently helping you with the tasks?  
\_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR AGENCY USE ONLY**

I feel that this patient may benefit from social work services Yes\_\_\_\_\_ No\_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Worker Contacted: Yes\_\_\_\_\_ No\_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_