

Medical And Social History

PA 1718 11/06

MEDICAL AND SOCIAL HISTORY INSTRUCTIONS

DIRECTIONS: This is an interactive form to be completed by the CAO Worker, MPP Worker or MPP Case Manager during a private, face-to-face interview with the participants. The interview should be held in a confidential location in the office and/or at the participant's home. The interview should be conducted in a conversational manner that will help the participant feel comfortable in answering the questions contained on the Medical and Social History Form (PA 1718). The CAO Worker, MPP Worker or MPP Case Manager should use these questions as starting points for discussion to help determine from what types of services and assessments the participant might benefit. The participant should be involved in the decision-making process.

Prior to the completion of this form, the CAO Worker, MPP Worker or MPP Case Manager should provide the participant with an in-depth explanation of the program and the benefits of participation. Further information regarding the benefits and requirements can be found in the MPP Procedures.

The Consent for Release of Information Form (PA 1723) must also be completed and attached to the Medical and Social History Form so information can be shared with or obtained from other agencies or medical professionals.

Questions 1 through 6 are intended to identify participants with education-related barriers and/or Limited English Proficiency.

Questions 7 through 35 are meant to gather information regarding the participant's health and barriers that may have not been disclosed on the medical statements.

Questions 36 through 48 are related to family and legal issues.

Questions 36 through 45 specifically deal with possible domestic violence problems.

If the participant answers "YES" to question 42, "Has your partner ever threatened to hurt you, your children or other members if you leave him?" and question 43, "Has the mother/father of your children ever threatened to take them?" it is an indication that the participant is in a potentially threatening situation. If the client answers "NO" to question 45A, "Do you feel that it is safe to go home today?" is also a strong indication that the participant is in a potentially threatening situation. The CAO Worker, MPP Worker and MPP Case Manager should consult with the appropriate Team Member immediately to determine what steps should be taken and should take immediate action to ensure the participant's safety.

Questions 49 through 62 relate to possible substance abuse problems.

Questions 63 through 65 will capture information about the participant's work history, hobbies and any volunteer work the client may have done. They will also capture possible reasons the participant may not have been able to maintain these activities.

Questions 66-72 are related to transportation and housing issues.

Questions 73 through 83 are information-gathering questions that should help develop a plan for the participant and assist in helping the participant set goals.

At the completion of the Medical and Social History interview, the CAO Worker, MPP Worker or MPP Case Manager and participant will sign and date the Medical and Social History Form.

MEDICAL AND SOCIAL HISTORY

Client Name _____

Social Security Number _____

Date of Birth _____

Phone Number _____

Name of Primary Care Physician _____

Physician's Phone Number _____

To the Participant:

The information you provide will be kept completely private and will only be used to help determine what services would best help you in achieving your goals.

SECTION A - EDUCATION AND LANGUAGE

1. Did you finish High School? YES ___ NO ___
A. If no, why did you leave? _____
B. If no, did you ever try going back to school? YES ___ NO ___
C. What was the highest grade you completed? Grade _____
D. How old were you when you left school? Age _____
E. Did you attend or complete any training courses or college? YES ___ NO ___
F. If yes, explain and provide dates _____
G. Did you ever attend any Adult Basic Education (ABE) or literacy programs? YES ___ NO ___
H. If yes, what were the results? _____
-
2. Were you ever in Special Education in school? YES ___ NO ___
A. Were you ever held back a grade in school? YES ___ NO ___
B. If yes, to either, explain _____
-
3. Were there any classes in which you had your best grades? YES ___ NO ___
If yes, which classes? _____
4. Were there any classes that you had trouble with? YES ___ NO ___
If yes, which classes? _____
5. Which classes did you like? _____
6. Is English the language you use most? YES ___ NO ___
If yes, skip to question 7.
If no, continue with question 6 (A-I).
A. Do you have problems reading English? YES ___ NO ___
B. Do you have problems writing English? YES ___ NO ___

Worker Notes

- C. Do you have an easier time reading or writing in a different language? YES ___ NO ___
- D. If yes, which language? _____
- E. Do you sometimes have trouble reading in that language? YES ___ NO ___
- F. Do you sometimes have trouble writing in that language? YES ___ NO ___
- G. Have you ever taken an English as a Second Language course? YES ___ NO ___
- H. If yes, when and where? _____
- I. Would you like to take an English as a Second Language course? YES ___ NO ___

SECTION B - MEDICAL/HEALTH ISSUES

7. How is your health in general? Excellent ___ Very Good ___ Good ___ Fair ___ Poor ___
8. What doctors do you currently see? _____

9. How often do you see your doctor? _____
10. Do you have any physical or medical problems? YES ___ NO ___
If so, what? _____

11. Is there anything that makes it better? _____
12. Is there anything that makes it worse? _____
13. Do you find it difficult to accomplish daily tasks like vacuuming, driving or cooking? YES ___ NO ___
14. Does your health keep you from doing the things you want to do? YES ___ NO ___
15. Have you ever been treated by a psychiatrist or counselor? YES ___ NO ___
If so, do you feel it helped you? _____
16. How has your mood been? _____
17. Have you felt very sad or down in the past three months? YES ___ NO ___
A. Excited or hyper? YES ___ NO ___
B. Anxious or afraid? YES ___ NO ___

Worker Notes

18. How many hours a night do you sleep? _____
 A. Is that normal for you? YES ___ NO ___
19. How many hours a day do you sleep? _____
 A. Is that normal for you? YES ___ NO ___
20. How are your eating habits? _____
 A. Is that normal for you? YES ___ NO ___
21. Have you been very nervous or worrying a lot? YES ___ NO ___
22. What do you worry about? _____
23. Are there some choices you've made in your life that turned out to make things harder for yourself or your family? YES ___ NO ___
 A. If so, explain _____
24. Have you felt troubled or irritable lately? YES ___ NO ___
25. How long has this been a problem? _____
26. Has this ever been a problem in the past? YES ___ NO ___
27. What helped the problem? _____
28. Please tell me what medications you take?

Medication	How often?	Who prescribed?	For what?

29. Do you take any over the counter medication? YES ___ NO ___
 A. If yes, what? _____
30. Do you take any vitamins or supplements? YES ___ NO ___
 A. If yes, what? _____
31. Do you have any problems with your teeth? YES ___ NO ___
32. How often do you go to the Dentist? _____

Worker Notes

33. Have you had surgery in the past? YES ____ NO ____

A. If yes, for what and when did it occur? _____

34. How is your child/children's health? _____

35. Does your child/children take any medications? YES ____ NO ____

A. If yes, for what? _____

B. How often do you take your child/children to the doctor? _____

SECTION C - FAMILY AND LEGAL ISSUES

Guide for MPP Caseworkers:

Staff can help decrease potential discomfort when talking about violence by framing questions in ways that let the individual know that he/she is not alone, that the caseworker takes this issue seriously, that he or she is comfortable hearing about abuse, and that help is available. Sometimes it feels awkward to suddenly introduce the subject of abuse, particularly if there are no obvious indications an individual is being abused. The following are examples that may help introduce that issue.

- "Because violence is common in our lives, we ask every MPP participant questions related to Domestic Violence."
- "We know Domestic Violence is a very common problem. About 40% of individuals who receive Welfare Benefits have been abused by a partner at some point in their life and 25% are currently in an abusive relationship. This high percentage means that we include questions about this personal part of your life in the routine MPP questionnaire."
- "I don't know if this is a problem for you, but many of the individuals I see as an MPP caseworker are dealing with an abusive relationship. Some are afraid or uncomfortable bringing it up themselves, so we ask about it routinely during this interview."

36. Do you have any family responsibilities or problems that are keeping you from making changes or improvements that would make your life better? YES ____ NO ____

A. If yes, please describe _____

Worker Notes

37. Have you or anyone in your household ever been arrested or been involved with the police? YES ___ NO ___

A. If yes, please explain _____

38. Have you ever had or thought about getting a Protection From Abuse Order (PFA or Restraining Order) against a partner or former partner? YES ___ NO ___

39. Are you involved in any relationship that would make it difficult for you to reach your goal? YES ___ NO ___

40. Does your partner call you names, insult you or blame you? YES ___ NO ___

41. Does your partner ever try to control what you do or keep you from doing things that are important to you (like going to school, working or seeing friends or family)? YES ___ NO ___

42. Has your partner ever threatened to hurt you, your children or other family members if you leave him or her? YES ___ NO ___

43. Has the mother/father of your children ever threatened to take them? YES ___ NO ___

44. All couples disagree sometimes. When you and your partner argue, are those fights ever physical, like hitting, choking, slapping or throwing things? YES ___ NO ___

If yes, were there ever weapons involved? YES ___ NO ___

45. Are you afraid of your partner? YES ___ NO ___

A. Do you feel that it is safe to go home today? YES ___ NO ___

IF "NO" or "YOU ARE NOT SURE," would you accept help in finding a safe place for you and your children? YES ___ NO ___

46. Have you or your family ever been involved with a Children and Youth Agency? YES ___ NO ___

A. If yes, please explain _____

47. Do you have an Attorney? YES ___ NO ___

A. If so, for what purpose? _____

B. What is your Attorney's name and phone number? _____

Worker Notes

48. What services have you received from other offices, organizations or agencies within the last two years? _____

A. Please list Agencies and Services received _____

B. What helped and what didn't? _____

C. For those that didn't help, please explain why you think they didn't help _____

SECTION D - SUBSTANCE ABUSE

49. How often do you currently drink beer, wine, or liquor?

Never	_____	1-2 times weekly	_____
Once a month	_____	3-4 times weekly	_____
Twice a month	_____	Everyday	_____
Other	_____		

50. How much beer, wine, or liquor do you usually drink at one time?

Don't drink	_____	4-5 drinks	_____
One drink only	_____	6 drinks or more	_____
2-3 drinks	_____		

51. In the past year, for which of the following reasons have you drunk alcohol or used drugs?

To get high	_____	To escape problems	_____
To relax	_____	To socialize	_____
To have fun	_____	To fit in with the crowd	_____

52. Do you think that you use too much drugs or alcohol? YES ___ NO ___

53. Have you ever felt the need to quit or cut down on your drug or alcohol use? YES ___ NO ___

54. Has anyone ever expressed concern about your drug or alcohol use? YES ___ NO ___

55. Have you felt badly or guilty about your drug or alcohol use? YES ___ NO ___

56. Do you ever take a drink or a drug in the morning to feel better? YES ___ NO ___

57. Has your drug or alcohol use caused family, job, or legal problems? YES ___ NO ___

58. Do you get angry or lose your temper when using drugs or alcohol? YES ___ NO ___

59. Do you use more drugs or alcohol to get the effect you want? YES ___ NO ___

Worker Notes

60. Do you think you have a drug or alcohol problem now? YES ___ NO ___
61. Do any family members have a drug or alcohol problem? YES ___ NO ___
62. May I refer you to someone that can get you help?
(Education, Self-Help, Treatment) YES ___ NO ___

SECTION E - WORK HISTORY

63. Do you have any previous work history? YES ___ NO ___
- A. Have you done any volunteer work? YES ___ NO ___

If yes to either, please complete the following:

Employer/Job Title	Dates of Employment	Job Duties

- B. Why did you leave? _____
- C. Were you ever fired? YES ___ NO ___
- If yes, why? _____

64. In your opinion, what prevents you from finding and maintaining employment? _____
65. How do you spend your spare time? _____

SECTION F - TRANSPORTATION/HOUSING

66. Do you have a car? YES ___ NO ___
67. Do you have a driver's license? YES ___ NO ___
68. Is public transportation available? YES ___ NO ___
- If no, why? _____

Worker Notes

69. Are you able to get public transportation? YES ___ NO ___
If no, why? _____
70. If you do not have a steady source of transportation, how do you get to your family's doctor appointments, grocery store, etc.? _____
71. Can you pay your monthly rent? YES ___ NO ___
If no, how do you manage? _____
72. Do you need help finding housing? YES ___ NO ___

SECTION G - GOAL PLANNING

73. What job would you like to try if you could? _____

74. Do you have family and/or friends who can help you in meeting your goal? YES ___ NO ___
A. If yes, please tell us whom? _____
75. Do you have any problems finding child care? YES ___ NO ___
A. If yes, please explain _____

76. List three or more things that you like about yourself and/or that you do well.
1. _____
 2. _____
 3. _____
 4. _____
77. What do you want to be doing in two years? _____

78. What do you think you need to get there? _____

Worker Notes

79. What do you want to get out of this program? _____

80. How would you like to change or make your life better? _____

81. What is keeping you from making those changes? _____

82. How can we help you make the changes you would like to make to better your life? _____

83. Do you have any other Comments/Information you would like to share with us?

If so, please do so. _____

CAO Worker, MPP Worker or MPP Case Manager Name _____

Date Completed _____

CAO, MPP Worker/MPP Manager Phone Number _____

Client Signature _____ Date _____

Worker Notes