

Taylor Elder and Disabled Adult Management

Social Work Case Management Intake

Patient Name: _____ Date: _____

DOB: _____ Age: _____ Social Security #: _____

Insurance: _____

Address: _____

Primary Dr.: _____

Psychiatrist: _____

Medi-Cal: Y ___ N ___ SSI: Y ___ N ___ SS: Y ___ N ___

1. Describe in detail resources and ability to manage resources: _____

2. Reason for referral: _____

3. Family goals for case management: _____

4. Current living environment: _____

5. Current overview of mental health: _____

6. List of mental health diagnoses: _____

7. List current mental state with specific examples: _____

8. Is patient alert and oriented? Y ___ N ___ Be specific: _____

9. Signs of paranoid thoughts? Y ___ N ___ Give details: _____

10. Signs of hallucinations: Y ___ N ___ If yes gives examples: _____

11. Do you have a dual diagnosis? Y ___ N ___ If so what is the diagnosis: _____

12. Are they a drug user? Y ___ N ___ If so list past or recent-current drugs and treatment in past or recent-current: _____

13. Does patient have learning disabilities or developmental delays? Y ___ N ___

If so please list: _____

14. Does patient have memory disorder or cognitive disorder? Y ___ N ___

If so please explain: _____

15. Describe their hygiene and ability to groom themselves: _____

16. Is patient cooperative with helping professionals? Y ___ N ___

17. Is Patient cooperative with family members? Y ___ N ___

18. List of psychiatric hospitalizations: _____

19. Specific dates or periods of medical and mental health events: _____

20. Medical history including most important current concerns: _____

21. Are medical concerns being treated? Y ___ N ___

22. List of services involved or recently involved: _____

23. Names and phone #'s of patient's most important family or most trusted professionals:

24. Is Patient a client of Sonoma County Behavioral Health? Y ___ N ___

25. List legal concerns, any incarcerations or problems with police force with dates:

26. List patient's childhood and or adult history of trauma: _____

27. List current medications: _____

28. List of medications that have NOT worked: _____

29. List of allergies: _____

30. List of recent treatment received: _____

31. Current social/family status – name any other stressors in the family: _____
