



RECOMMENDATION FOR RELEASE OF PATIENT IN HOME OTHER THAN PATIENT'S OWN (Summary of Psychiatric, Medical and Social Data)

1. NAME OF VA STATION, 2. ADDRESS, 3. DATE, 4. VETERAN'S LAST NAME-FIRST NAME-MI, 5. DATE OF BIRTH, 6. SOCIAL SECURITY NO., 7. CLAIM NO., 8. WARD NO., 9. VETERAN'S HOME ADDRESS, 10. RELIGION

PART I (To be completed by ward physician)

11. REASON FOR REFERRAL (Composition and attitude of family and reason for not placing patient with them)

12. DIAGNOSIS (Psychiatric or medical)

13. DESCRIPTION OF PATIENT (Physical appearance, personality, behavior, moods, etc.)

14. IS PATIENT MEDICALLY CONSIDERED ABLE TO HANDLE OWN FUNDS?, 15. LEGAL STATUS (COMPETENT, INCOMPETENT, GUARDIANSHIP PROCEEDINGS UNDERWAY, COMMITTED)

16. WHAT PSYCHIATRIC OR MEDICAL SUPERVISION IS REQUIRED?

17. WHAT MEDICATION IS NEEDED?

18. WHAT DIET IS RECOMMENDED?

19. SIGNATURE OF PHYSICIAN (Sign in ink), 20. DATE

PART II (To be completed by the Medical Administration)

21. NAME OF GUARDIAN, 22. ADDRESS

23. NAME OF NEAREST RELATIVE, 24. ADDRESS, 25. RELATIONSHIP

PATIENT'S SOURCE OF INCOME

26. VA COMPENSATION, 27. PENSION, 28. MILITARY RETIREMENT, 29. INSURANCE, 30. OTHER

31. HAS AID AND ATTENDANCE BEEN AWARDED?, 32. AMOUNT OF INSTITUTIONAL AWARD, 33. AMOUNT OF ESTATE HELD AT HOSPITAL, 34. AMOUNT HELD ELSEWHERE

MILITARY SERVICE

35. BRANCH OF SERVICE	36. LENGTH OF SERVICE	37. HIGHEST RANK OR GRADE	38. DATE OF LAST DISCHARGE	39. COMBAT ACTION <input type="checkbox"/> YES <input type="checkbox"/> NO

PART III (To be completed by the Social Worker)

HOSPITAL AND EMPLOYMENT HISTORY

40. LENGTH OF HOSPITALIZATION PRIOR TO AND DURING MILITARY SERVICE	41. LENGTH OF HOSPITALIZATION SINCE DISCHARGE FROM MILITARY SERVICE	41. TYPE OF HOSPITALIZATION OTHER THAN VA <input type="checkbox"/> PRIVATE <input type="checkbox"/> STATE <input type="checkbox"/> NONE

43. BRIEF HISTORY OF EMPLOYMENT PRIOR TO AND AFTER DISCHARGE FROM MILITARY SERVICE

PATIENT'S READINESS FOR PLACEMENT

44. PATIENT'S AND RELATIVES ATTITUDE TOWARD THIS PLACEMENT

45. PATIENT'S WORK ASSIGNMENTS, HOBBIES AND OTHER REHABILITATION ACTIVITIES

46. ABILITY OF PATIENT TO ASSIST WITH HOUSEHOLD TASKS

47. CLUB MEMBERSHIPS AND OTHER ASSOCIATIONS

48. PRESENT AND PAST CHURCH ACTIVITIES

49. NAMES OF PERSONAL FRIENDS INTERESTED IN PATIENT	50. ADDRESSES

51. PATIENT'S SPECIAL NEEDS, CAPACITIES, PROBLEMS, ETC.

52. TYPE OF HOME AND COMMUNITY DESIRED

53. KIND OF SUPERVISION AND PERSONAL ATTENTION REQUIRED BY PATIENT IN THE HOME

54. DESIRABLE QUALITIES IN THE PERSON ASSUMING RESPONSIBILITY FOR THE PATIENT	55. PREFERRED AGE RANGE

56. RECOMMEND PLACEMENT OF VETERAN IN <input type="checkbox"/> RURAL AREA <input type="checkbox"/> URBAN AREA	57. SHOULD EMPLOYMENT IN THE NEIGHBORHOOD BE ENCOURAGED <input type="checkbox"/> YES <input type="checkbox"/> NO
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58. SIGNATURE OF SOCIAL WORKER (Sign in ink)	59. DATE