

H O P E W E L L

A therapeutic farm community for adults with mental illness.

Family and Personal History

Name of the potential resident (**PR**) being referred to Hopewell: _____

Age: ____ DOB: ____/____/____ SS#: ____/____/____ Address: _____

Phone: ____ - ____ - _____

Current living situation: _____

Person providing information: Name: _____ Relationship: _____

Address: _____

Home Phone # _____ Cell # _____

Names and relationships of significant family members:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

History of behaviors that illustrate the family's concerns or reasons for the referral:

When did the family first begin to notice behaviors that may be related to mental illness?

Were there any significant and/or traumatic events in the lives of your family members? (Please describe)

Are there any legal issues regarding the PR? Yes No (If yes please describe)

H O P E W E L L

A therapeutic farm community for adults with mental illness.

Does the PR have any medical problems? Yes No (If yes please describe)

Has the PR ever suffered a head injury? Yes No (If yes please describe)

Is there history of mental illness and/or alcohol & drug use in the family? Yes No

Relationship to PR: _____ Diagnosis: _____

Relationship to PR: _____ Diagnosis: _____

Is there any history of drug or alcohol abuse with the PR? Yes No

Date of last use: _____ Substances Abused: _____

Has the PR ever been hospitalized? Yes No (If yes please provide name(s) of hospital(s))

Hospital: _____ Approximate dates: _____

Hospital: _____ Approximate dates: _____

Hospital: _____ Approximate dates: _____

Hospital: _____ Approximate dates: _____

Is the PR currently being provided case management through a mental health agency? Yes No

Name of agency: _____ Case Manager: _____ Ph. # _____

Is the PR currently receiving Social Security benefits? Yes No monthly amount: \$ _____

Is there a payee? Yes No

Please provide name/address/phone # _____

Is the PR currently receiving Medicare? Yes No Please provide Medicare # _____

Is the PR currently receiving Medicaid? Yes No Please provide Medicaid # _____

Does the PR have private insurance? Yes No Insurance Company _____

ID# _____ Group # _____ Phone # _____

Please describe the PR's strengths _____

Please describe any limitations the PR may have with regard to daily living skills, i.e., self-care, bathing, dressing, cleanliness, vocational skills, social skills: _____

H O P E W E L L

A therapeutic farm community for adults with mental illness.

To what extent does the family or PR consider spirituality or religion important to their lives?

Are there any significant cultural or ethnic issues? _____

Please provide a history of the educational experiences for the PR: _____

Please provide a history of the vocational or work experiences for the PR: _____

Did the PR ever serve in the military? Yes No

Does the PR receive any VA benefits? Yes No Amount per month \$ _____

Identify any problems in the following areas: Please explain any [X] areas

Nutrition/Eating patterns, changes, disorders: _____

Pain Management: _____

Depressed Mood/Sad: _____

Anxiety: _____

Traumatic Stress: _____

Anger Aggression: _____

Oppositional Behaviors: _____

Inattention/Withdrawal: _____

Impulsivity: _____

Disturbed Reality Contact (psychosis): _____

Bizarre Thoughts: _____

Mood Swings/Hyperactivity: _____

Sleep Problems: _____

Social Stressors: _____

Current risk to self or others: _____

History of harming self or others: _____

H O P E W E L L

A therapeutic farm community for adults with mental illness.

Identify if there is a history of any of the following: Please explain any [X] areas

- Physical Abuse: _____
- Mental Abuse: _____
- Sexual Abuse: _____
- Emotional Abuse: _____
- Domestic Violence: _____
- Community Violence: _____
- Physical Neglect: _____
- Elder Abuse: _____
- Cruelty to Animals: _____

Does the PR have a legal guardian? Yes No If so, guardian of: Person Estate Both

Please provide name/ address/ phone # along with proper documentation of guardianship

Are there other areas that are important for the staff to understand about the person who may live at Hopewell?

Hopewell will assist residents in applying for or maintaining Social Security and Medicaid benefits. However, copies of the following items must be submitted upon admission:

- Birth Certificate
- Social Security Card
- Insurance Card
- Current Photo ID