

If an individual already has a completed social history from another source (i.e. case manager, other service provider, school, etc.) this may be accepted instead of completing this One Vision form.

IDENTIFYING DATA:

Name: _____ Date of Birth: _____ / _____ / _____

Address: _____

City/Zip code: _____ Phone #: (_____) _____ - _____

Date Completed: _____ Email: _____

REFERRAL SOURCE AND REASON FOR REFERRAL:

Please include who is making the referral, which program you are referring to, and reason for referral.

FAMILY HISTORY:

Please include names and ages of significant family members and the degree of current involvement.

MEDICAL HISTORY:

Please include diagnosis, degree of intellectual disability/IQ score, primary physician, dentist, psychiatrist, other medical personnel, specific medical conditions, current medications, if the applicant has seizures and the type and frequency, and previous hospitalizations (include psychiatric hospitalizations).

LEGAL HISTORY:

Please address if the person has a legal guardian, conservator, and / or representative payee. Include names and addresses. Please include any other legal issues.

SERVICE HISTORY:

Please give a brief history of past and present services received, include all residential and vocational services, where and when they were received, level of care, and why service was discontinued if applicable.

EDUCATIONAL HISTORY:

Please include a summary of schools attended, grade completed, and any educational achievements.

SOCIAL HISTORY:

Please include interests, hobbies, what supports are needed while involved in the community

FINANCIAL HISTORY:

Please include income received, benefits received, if the applicant has a burial trust, etc.

SIGNIFICANT SOCIAL, CULTURAL AND HISTORICAL FACTS WHICH MAY AFFECT THE APPLICANT'S FUNCTIONING AND/OR PLACEMENT:

Please include supports received.
