



NORTH TEXAS REHAB CENTER SOCIAL HISTORY

Social Work Services are available to all patients and their families at the NTRC. The social worker will provide support to the patients during their disability and recovery period by assisting the patients and their families in solving problems, working with public and private agencies, accessing information and linking them to community resources and opportunities. Please complete this form to help the social worker provide you with any assistance you may need.

PLEASE CIRCLE THE SERVICES TO WHICH YOU WERE REFERRED:

PT (Physical Therapy) **OT** (Occupational Therapy) **ST** (Speech Therapy) **CAP** (Child Achievement Program-ages 3-16)

TRANSPORTATION:

How do you plan to get to your appointments? *(Please circle those that apply.)*

Drive myself Friend Public Transportation / Taxi Spouse / Family Other: _____

SUPPORT SYSTEM:

Support systems are an important part of life. Who supports you when you need help? *(Please circle those that apply.)*

Parent Child Spouse Friend Other: _____

From which agencies are you currently receiving services? *(Please circle those that apply.)*

| | |
|----------------------------------------------------------|------------------------------------|
| Disability | Women, Infant & Children (WIC) |
| Food Stamps | Supplemental Security Income (SSI) |
| Respite Care | Act (JTPA) |
| Department of Assistive & Rehabilitative Services (DARS) | Job Training Partnership |
| Temporary Assistance for Needy Families (TANF) | Other: _____ |

EMPLOYMENT:

Are you currently working? Yes _____ No _____ Retired _____ Disabled _____

Last day of work (if applicable): _____

Do you plan to return to work? Yes _____ No _____

SOCIAL SERVICES:

Do you have the need for social services? Yes _____ No _____

If yes, then please check the authorization to release information box and print and sign name below. If no, then please just print name and sign below. (Your signature verifies that you are declining social services at this time.)

AUTHORIZATION TO RELEASE INFORMATION: I authorize the social service supervisor to release information requested by private or public agencies and to allow for referral to the agency if indicated above.

Client's Printed Name

Client Signature (Parent or Guardian if minor)