

# Personalized Therapy, LLC

Occupational & Physical Therapy for Children & Adults

## PATIENT ASSESSMENT FOR SOCIAL/VOCATIONAL ASSISTIVE SERVICES

Patient Name \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Transportation Services   | <input type="checkbox"/> Adult Daycare/Respite Centers                                  |
| <input type="checkbox"/> Dental Services   | <input type="checkbox"/> Home Health Care Agencies                                      |
| <input type="checkbox"/> Legal Services  | <input type="checkbox"/> Hospice Care   |
| <input type="checkbox"/> Social Security/Medicare Programs for Patients With Limited Incomes   | <input type="checkbox"/> Homemaker Services (Meal Preparations, Light Housekeeping)     |
| <input type="checkbox"/> Department Of Human Services (Food Stamps, Medicaid, AFDC, WIC)   | <input type="checkbox"/> Home Delivered Meals   |
| <input type="checkbox"/> Affordable Housing  | <input type="checkbox"/> Nutrition/Senior Centers                                       |
| <input type="checkbox"/> Financial Assistance with Rent, Electric Bills, Food, Clothing, etc.  | <input type="checkbox"/> Emergency Response Systems/Telephone Reassurance               |
| <input type="checkbox"/> Financial Assistance with Medicines   | <input type="checkbox"/> Blind/Visually Impaired Services                               |
| <input type="checkbox"/> Financial Assistance with Medical Equipment   | <input type="checkbox"/> Deaf/Hearing Impaired Services                                 |
| <input type="checkbox"/> Employment/Vocational Services  | <input type="checkbox"/> Developmental Disabilities Services for Children and/or Adults |
| <input type="checkbox"/> Support Groups and Services for Caregivers and/or Patients of Cancer, Arthritis, Alzheimer's, Parkinson's, Stroke, Multiple Sclerosis, Leukemia, Diabetes | <input type="checkbox"/> Adult or Child Abuse Services                                  |
| <input type="checkbox"/> Veterans Services   | <input type="checkbox"/> AIDS Information/Services                                      |
| <input type="checkbox"/> Counseling For Individuals, Couples, Families, and/or Children  | <input type="checkbox"/> Substance Abuse Treatment Centers                              |
| <input type="checkbox"/> Nursing/Retirement/Assisted Living Centers  | <input type="checkbox"/> Childcare Facilities   |
|  | <input type="checkbox"/> Domestic Violence/Abuse Abuse Services                         |
|  | <input type="checkbox"/> Victims of Violent Crimes                                      |
|  | <input type="checkbox"/> Other: _____   |

**No. I do not have needs for any of these services at this time, however, I am aware that these services are available.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

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