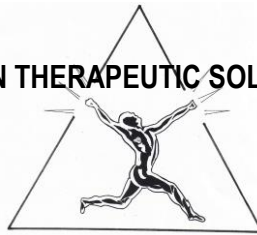


MICHIGAN THERAPEUTIC SOLUTIONS, INC



25147 W. Warren Dearborn Heights, MI 48127 Phone: (313) 277-5508 Fax: (313) 277-5535
www.michigantherapeutic.com

SOCIAL WORK QUESTIONNAIRE

We are interested in the total well-being of our patients. In keeping with this philosophy we feel that social worker intervention may sometimes be appropriate. During your rehabilitation, you, your physician, therapist, or our social worker might agree that this service may be helpful. The social worker is available by appointment to evaluate the social or vocational factors involved in your rehabilitation, to council and advise you on social problems arising from your illness or injury, and to make appropriate referrals for required services, if any. You may schedule a meeting with our social worker through the receptionist or through your therapist.

For each of the following questions below, check the response that best describes you. These questions will be used to assist us in determining whether social work or vocational consulting services could be beneficial.

1. Are you presently out of work because of your illness or injury? Yes__ No__
2. Are you experiencing stress or related problems because of your illness or injury? Yes__ No__
3. Are you receiving social work, psychological counseling, or vocational counseling through your physician or insurance company? Yes__ No__
4. Are you interested in speaking to the social worker? Yes__ No__
5. Do you live alone? Yes__ No__
6. Are you your own primary caregiver? Yes__ No__
7. Are you the primary caregiver for a spouse or family member? Yes__ No__
8. Are you able to perform the following daily tasks?

Self-Care (bathing, washing hair, etc.)	Yes__ No__
Driving	Yes__ No__
Grocery Shopping	Yes__ No__
Preparing Food	Yes__ No__
Housekeeping	Yes__ No__
9. If you answered "no" to any question in #8, who is currently helping you with these tasks? _____

Patient Name: _____

Patient Signature: _____

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I feel that this patient may benefit from social work services: Yes__ No__	
Therapist Signature: _____	Date: _____
Social worker contracted: Yes__ No__	Date: _____
Comments: _____	