



**RECOMMENDATION FOR RELEASE OF PATIENT  
IN HOME OTHER THAN PATIENT'S OWN**  
*(Summary of Psychiatric, Medical and Social Data)*

1. NAME OF VA STATION		2. ADDRESS		3. DATE	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
4. VETERAN'S LAST NAME-FIRST NAME-MI	5. DATE OF BIRTH	6. SOCIAL SECURITY NO.	7. CLAIM NO.	8. WARD NO.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9. VETERAN'S HOME ADDRESS				10. RELIGION	
<input type="text"/>				<input type="text"/>	

**PART I** *(To be completed by ward physician)*

11. REASON FOR REFERRAL <i>(Composition and attitude of family and reason for not placing patient with them)</i>	
<input type="text"/>	
12. DIAGNOSIS <i>(Psychiatric or medical)</i>	
<input type="text"/>	
13. DESCRIPTION OF PATIENT <i>(Physical appearance, personality, behavior, moods, etc.)</i>	
<input type="text"/>	
14. IS PATIENT MEDICALLY CONSIDERED ABLE TO HANDLE OWN FUNDS?	15. LEGAL STATUS
<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> COMPETENT <input type="checkbox"/> INCOMPETENT <input type="checkbox"/> GUARDIANSHIP PRO- CEEDINGS UNDERWAY <input type="checkbox"/> COMMITTED
16. WHAT PSYCHIATRIC OR MEDICAL SUPERVISION IS REQUIRED?	
<input type="text"/>	
17. WHAT MEDICATION IS NEEDED?	
<input type="text"/>	
18. WHAT DIET IS RECOMMENDED?	
<input type="text"/>	
19. SIGNATURE OF PHYSICIAN <i>(Sign in ink)</i>	
20. DATE	
<input type="text"/>	

**PART II** *(To be completed by the Medical Administration)*

21. NAME OF GUARDIAN		22. ADDRESS			
<input type="text"/>		<input type="text"/>			
23. NAME OF NEAREST RELATIVE		24. ADDRESS		25. RELATIONSHIP	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
<b>PATIENT'S SOURCE OF INCOME</b>					
26. VA COMPENSATION	27. PENSION	28. MILITARY RETIREMENT	29. INSURANCE	30. OTHER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
31. HAS AID AND ATTENDANCE BEEN AWARDED?	32. AMOUNT OF INSTITUTIONAL AWARD	33. AMOUNT OF ESTATE HELD AT HOSPITAL	34. AMOUNT HELD ELSEWHERE		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>	<input type="text"/>	<input type="text"/>		

<b>MILITARY SERVICE</b>				
35. BRANCH OF SERVICE	36. LENGTH OF SERVICE	37. HIGHEST RANK OR GRADE	38. DATE OF LAST DISCHARGE	39. COMBAT ACTION  <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>PART III</b> <i>(To be completed by the Social Worker)</i>				
<b>HOSPITAL AND EMPLOYMENT HISTORY</b>				
40. LENGTH OF HOSPITALIZATION PRIOR TO AND DURING MILITARY SERVICE	41. LENGTH OF HOSPITALIZATION SINCE DISCHARGE FROM MILITARY SERVICE	41. TYPE OF HOSPITALIZATION OTHER THAN VA  <input type="checkbox"/> PRIVATE <input type="checkbox"/> STATE <input type="checkbox"/> NONE		
43. BRIEF HISTORY OF EMPLOYMENT PRIOR TO AND AFTER DISCHARGE FROM MILITARY SERVICE				
<b>PATIENT'S READINESS FOR PLACEMENT</b>				
44. PATIENT'S AND RELATIVES ATTITUDE TOWARD THIS PLACEMENT				
45. PATIENT'S WORK ASSIGNMENTS, HOBBIES AND OTHER REHABILITATION ACTIVITIES				
46. ABILITY OF PATIENT TO ASSIST WITH HOUSEHOLD TASKS				
47. CLUB MEMBERSHIPS AND OTHER ASSOCIATIONS				
48. PRESENT AND PAST CHURCH ACTIVITIES				
49. NAMES OF PERSONAL FRIENDS INTERESTED IN PATIENT		50. ADDRESSES		
51. PATIENT'S SPECIAL NEEDS, CAPACITIES, PROBLEMS, ETC.				
52. TYPE OF HOME AND COMMUNITY DESIRED				
53. KIND OF SUPERVISION AND PERSONAL ATTENTION REQUIRED BY PATIENT IN THE HOME				
54. DESIRABLE QUALITIES IN THE PERSON ASSUMING RESPONSIBILITY FOR THE PATIENT			55. PREFERRED AGE RANGE	
56. RECOMMEND PLACEMENT OF VETERAN IN <input type="checkbox"/> RURAL AREA <input type="checkbox"/> URBAN AREA		57. SHOULD EMPLOYMENT IN THE NEIGHBORHOOD BE ENCOURAGED  <input type="checkbox"/> YES <input type="checkbox"/> NO		
58. SIGNATURE OF SOCIAL WORKER <i>(Sign in ink)</i>				59. DATE