

Rehabilitation Profile

Notes:

- To be completed by the relevant mental health professional e.g. Social Worker, CMHN, OT.
- We would be grateful if you could complete the following report on behalf of the applicant for service.
- For ease of reading, please fill this form using BLOCK LETTERS.
- All application documentation comprising of Authorisation Form, Application Form, Rehabilitation Profile and Confidential Medical Report must be completed before the application can be processed.



Applicant Details

Name of Applicant: _____

Date of Birth: _____

Health Professional Details

Profile Completed by: _____

Professional Relationship/Role with Applicant: _____

Address: _____

Phone Contact Number: _____

Rehabilitation Profile

1. How long have you worked with this person? (in years/months): _____

2. Please describe how you see him/her (including strengths/personal resources):

6. Are there any other factors pertinent to this person's Rehabilitation Plan that need to be considered? (Please include relevant reports)

7. Please indicate those Areas in which you could provide ongoing support in the context of the individual's Person Centred Plan within EVE.

Please TICK ✓ the Areas that need to be addressed as part of this person's overall Rehabilitation Plan. (Note: In the Application Form, the applicant is also asked to self-assess Areas in which he/she requires support)

Daily Living

- Accommodation Support
- Personal Safety
- Independent Living Skills e.g.
 - Budgeting Money
 - Food Preparation
 - Looking after his/her Accommodation ..
- Personal Care
- Using Transport

Interpersonal

- Communicating Effectively e.g.
 - Listening Skills
- Relationships with his/her Family
- Relationships with Others (incl. making new friends / getting on with others)

Social and Community

- Learning about Community Facilities and Resources
- Using Community Facilities & Resources ..
- Social Welfare Entitlements
- Contributing to his/her Community
- Working well with (Mental Health or other) Treatment Services

Vocational & Educational

- Discovering what his/her Talents and Abilities are
- Learning new Skills
- Deciding what he/she would like to do
- Getting a Job or Training/Education Programme
- Keeping a Job or Training/Education Programme
- Reading & Writing
- Health Education

Leisure & Recreation

- Discovering his/her Talents
- Getting Involved in Enjoyable Activities
- Expressing him/herself Creatively e.g. art, music

Physical Well-being

- Exercise & Fitness
- Healthy Eating
- Stamina
- Dental Care
- Medical Treatments
- Complementary Treatments/Therapies
- Drug Awareness
- Using Alcohol Responsibly
- Sensory Functioning e.g. eyesight, hearing .

Psychological Well-being

- Feeling Good about and Accepting him/herself
- Learning to be his/her own Person
- Developing a Sense of Purpose and Meaning
- Staying Motivated
- Taking Responsibility for him/herself
- Being Confident with Others
- Using Talents & Abilities Well
- Developing Coping Skills
- Counselling
- Medical Treatments
- Dealing with Medication side effects

Cognitive

- Developing Thinking and Problem Solving Skills
- Discovering his/her Learning Style
- Applying Learning to New Situations
- Developing his/her Memory
- Developing his/her Attention Span and Concentration

This form may be copied to the relevant appointed authority of the Health Service Executive in accordance with the Data Protection Acts (1988/2003).

Signed: _____ Date: _____

Please send the completed form to the relevant EVE Centre Manager or to the Applications Manager at EVE, Brú Chaoimhín, Cork Street, Dublin 8