Formular vlerësimi psiko-social

Data \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emër \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mbiemër \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mosha \_\_\_\_

Adresa \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telefoni \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Psikiatri (KSHP, Spital)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Shëndeti**

A e kuptoni/dalloni kur fillon të shfaqet sëmundja? PO JO Jo gjithmonë

Kush tjetër e kupton kur nuk ndiheni mirë?

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Keni probleme me mjekimin? PO JO Jo gjithmonë

A keni dikë të afërt që i besoni? PO JO Në varësi të situatës

A vuani nga ndonjë sëmundje fizike PO JO

Nëse po, cila është diagnoza?

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A merrni mjekim tjetër përvec mjekimit piskiatrik? PO JO

Çfarë mjekimi?

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Me cilin prej profesionistëve të kujdesit shëndetësor ndiheni më rehat për të kërkuar ndihmë?

* Mjeku i familjes
* Infermier
* Psikolog
* Punonjës social
* Mjek specialist

**Sistemi mbështetës (Familja/miqtë)**

Si është atmosfera në shtëpinë tuaj? Cili është personi që kujdeset për shëndetin dhe mirëqenien tuaj?

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Keni partner/e? Shokë? Kushërinj?

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Si janë marrëdhëniet tuaja me njerëz të tjerë (p.sh. komshinj, kolegë, eprorë, etj)?

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**Strehimi**

Jeni i/e kënaqur me kushtet në të cilat jetoni PO JO Pak a shumë

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Nëse jo, për çfarë keni më shumë nevojë?

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**Situata Financiare**

Keni të ardhura të rregullta? PO JO

Si mendon se i administron të ardhurat ?

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Do të doje të kurseje? PO JO

Si mendon se mund ta bësh këtë ?

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Për çfarë i shpenzon më shumë paratë?

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**Puna**

Cili është kualifikimi juaj ?

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Ku dhe kur keni punuar ?

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Cila lloj pune ju pëlqen më shumë ?

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Cilën lloj pune mendoni se mund ta kryeni dhe pse ?

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Cilat prej kushteve të punës i mendoni të papërballueshme?

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**Koha e lirë**

Si e kaloni kohën e lirë ?

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A keni ndonjë aktivitet të parapëlqyer, pasion/hobi?

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Sa shpesh qëndroni në shtëpi vetëm? Shumë shpesh Ndonjëherë Asnjëherë

Për cilin nga shërbimet më poshtë keni interes?

* Psikoterapi
* Aktivitete ditore
* Strehim I mbështetur
* Punësim
* Kualifikim
* Klube dhe qendra sociale
* Grupe të vetëndihmës

Cilat konsideroni si problemet tuaja më të mëdha ?

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Çfarë bëni për t’i zbutur ato ?

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Si mund t’ju ndihmojmë ?

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 Punonjësi Social/ Psikologu