

END-STAGE RENAL DISEASE NETWORK #14

**VOCATIONAL REHABILITATION STATUS (VRS) FOR PATIENTS 18-54
(UPDATE ANNUALLY)**

PATIENT'S NAME _____ **DATE COMPLETED** ___/___/___

SOCIAL SUPPORT	YES	NO	PSYCHOSOCIAL ADJUSTMENT	YES	NO
Family	___	___	Adjusted to treatment	___	___
Friends	___	___	Family support	___	___
Co-patients	___	___	Adherent with treatment plan	___	___
Religious/Social Groups	___	___	Demonstrates inappropriate behavior	___	___

RESIDENCY STATUS	YES	NO	FINANCIAL STATUS/INSURANCE RESOURCES	YES	NO
Lives alone	___	___	Medicare	___	___
With spouse	___	___	Medicaid	___	___
With children	___	___	Commercial Insurance Co.	___	___
With relatives	___	___	Medicare Supplement Co.	___	___
Lives in Nursing Home/ Retirement Ctr.	___	___	TX Kidney Health Care	___	___
Other _____	___	___	American Kidney Fund	___	___
Number in household _____	___	___	Other _____	___	___

AWARENESS OF TREATMENT OPTIONS	YES	NO	INCOME SOURCES	YES	NO
Hemodialysis:			Social Security Disability Benefits	___	___
In-Center	___	___	Sup. Sec. Income (SSI)	___	___
Home	___	___	Food Stamps	___	___
Peritoneal	___	___	Retirement/Pension	___	___
Transplant	___	___	VA Benefits	___	___
			Employment	___	___
			Other _____	___	___

EMPLOYMENT/SCHOOL STATUS	YES	NO	TRANSPORTATION	YES	NO
Retired due to age	___	___	Drives self	___	___
Retired due to disability	___	___	Friends/family provide	___	___
Works full time	___	___	Public/Taxi/Bus	___	___
Hours per week _____	___	___	Community Group	___	___
Works part time	___	___	Ambulance	___	___
Hours per week _____	___	___			
Student	___	___			
Volunteer	___	___			
Homemaker	___	___			

COGNITIVE/MENTAL/PHYSICAL IMPAIRMENT

Cognitive Impairment	___	___
Psychiatric Disorder	___	___
Physical	___	___
Be specific: _____		

(over)

