

I. Medical Social Reports

1. To Community Welfare, with interpretation and recommendations for their guidance in dealing with patient and family.

2. To Placement (or Project Agent for Compensation Cases) with statement re employability only. The examining physician may give his recommendation in writing to the medical social worker who files it for reference. She then prepares a statement to be approved by Chief Medical Officer and sent to the Placement Officer, but without the name of the examining physician.

II. Co-operation with Community Welfare in Case Work. All cases should be cleared with them to prevent duplication of work.

1. Community Welfare. Social histories will be available for help of medical social worker and of medical staff.

2. Co-operative case work. Medical social worker may visit with welfare worker to interpret medical advice in problem cases especially.

3. Case conferences for mutual exchange of information and for co-operative planning.

III. Mental Patients. To secure social histories and file with medical charts. To encourage clinic attendance. In committable cases, to arrange any details requested by physician and to assist with family adjustment. To secure reports from outside hospital and to interpret to family. To follow up non-committable patients as recommended by physician.

IV. Tuberculous Patients. To secure social histories (in hospital cases filing at desk of supervising nurse instead of on chart might be considered). Home visits for interpretation of medical situation and to help relatives in adjustment of attitude. This is especially important when medical condition indicates discharge may be considered. To assist in any social adjustments which may be worrying the patient. To make an effort to provide occupational therapy in individual cases, if it is not available generally.

In newly diagnosed tuberculosis cases to co-operate with Public Health Nurse, the latter to follow up contacts, and medical social worker to take over social aspects when referred by Public Health Nurse.

To help patient and family in adjustment to the disease.

V. Crippled Children. Cooperation with Public Health Nurse who will handle the medical aspects of the cases - Medical Social Worker to assist in securing special appliances, in helping to secure special teaching if indicated and available, and in direct case work with patient or family especially in cases referred by Public Health Nurse.

- VI. In cases of critical illness, especially carcinoma or others which require long periods of care and major family adjustments or of illnesses which permanently handicap such as heart diseases especially in children, or others in which physicians believe social or psychological factors may be involved, to secure such reports as may be helpful to the physician in charge and to assist patient and family in making necessary adjustments and in carrying out recommendations.
- VII. Medical social worker should clear with Public Health Nurse in all cases likely to be known to the latter. In any "border line" case, it should be decided in conference whether the case is more appropriate for nursing or for whether the case is more appropriate for social follow up. If it seems wise for both to keep in touch with the family, exchange of reports will prevent duplication of effort.
- VIII. Co-operation with Community Library to secure for patients' reading material both in English and Japanese. If Library has no available personnel to distribute and pick up books and magazines, medical social worker may do this directly or may supervise a volunteer willing to give this service.
- IX. Co-operation with church groups, with P. T. A. and other organized social groups may reveal volunteer services available for teaching handicapped children, for library service, etc. As a by-product it will be helpful in hospital-community relationships even though contacts are made on a basis of help for individual patients.