

EMERGENCY CONTACT:

PHONE#: _____

NAME: _____

RELATIONSHIP: _____

REFERRAL INFORMATION:

(MSC o, WAIVERo, SOCIAL WORKERo, SCHOOL o, SELF o, FRIEND o, OTHER o _____).

REFERRAL SOURCE: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE#: _____

PSYCHIATRIC: YES NO

IF YES, PSYCHIATRIST: _____ TELEPHONE: (____) _____

ADDRESS: _____ FACSIMILE: (____) _____

MEDICATION: _____

BEHAVIORAL ISSUES: o NO o YES, LIST ANY INAPPROPRIATE BEHAVIORS EXHIBITED BY THE CONSUMER AT HOME, PROGRAM AND DURIN OUTDOOR ACTIVITIES (OR DESCRIBED BY THE COLLATERAL), INCLUDE SEVERITY AND FREQUENCY:

MEDICAL INFORMATION:

PRIMARY PHYSICIAN: _____ **TELEPHONE:** (____) _____

MEDICATIONS: _____

SEIZURE DISORDER: _____

ALLERGIES/DIET: _____

ADVERSE DRUG REACTIONS: _____

ANY MEDICAL CONDITION: _____

TUBERCULOSIS TEST: / / **NEGATIVE** **POSITIVE RADIOLOGICAL EXAM:** / /

MOBILITY STATUS: **AMBULATORY** **NON AMBULATORY** **WHEELCHAIR** **CRUTCHES** **WALKER**

HEARING: _____ **VISION:** _____ **OTHER:** _____

STRENGTHS AND NEEDS ASSESSMENT:

ADL FUNCTIONING

FOR EACH AREA IDENTIFY WHETHER THE CONSUMER IS INDEPENDENT, OR REQUIRES VERBAL OR PHYSICAL ASSISTANCE:

TOILETING IND _____ VERBAL ASS. _____ PHY ASS. _____

SHOWERING IND _____ VERBAL ASS. _____ PHY ASS. _____

DRESSING IND _____ VERBAL ASS. _____ PHY ASS. _____

EATING IND _____ VERBAL ASS. _____ PHY ASS. _____

TRAVEL TRAINED IND _____ VERBAL ASS. _____ PHY ASS. _____

COMMENTS: _____

COGNITIVE FUNCTIONING

DESCRIBE CONSUMERS LEVEL OF COGNITIVE FUNCTIONING. INCLUDE DISABILITIES, WHICH IMPACT ON FUNCTIONING LEVEL, SUCH AS: ACADEMICS, READING, WRITING, MONEY SKILLS, AND ATTENTION SPAN.

DESCRIBE CONSUMERS EXPRESSIVE AND RECEPTIVE SKILLS. INCLUDE CONSUMERS ABILITY TO COMMUNICATE WITH OTHERS.

SENSORY MOTOR DEVELOPMENT

HEARING NORMAL _____ IMPAIRED _____ HEARING AID _____
VISION NORMAL _____ IMPAIRED _____ GLASSES _____
AMBULATION AMBULATORY _____ NONAMB _____ ADA EQUIP _____

COMMENTS: _____

FINE MOTOR SKILLS: INTACT IMPAIRED

GROSS MOTOR SKILLS: INTACT IMPAIRED

ADAPTIVE EQUIPMENT: NO YES, LIST:

SOCIAL/EMOTIONAL

DESCRIBE CONSUMERS SELF-IMAGE AND RELATIONSHIP WITH OTHERS:

DESCRIPTION OF CONSUMER:

INTAKE PERSONNEL: _____ Date: _____