

Primary Contact 1 (Parent/Guardian):

Name:	Relationship:	Legal Guardian: Yes No
Address:		
Home Phone:	Cell Phone:	Work Phone:
Email:		Paper Mail: Yes No

Primary Contact 2 (Parent/Guardian/Caregiver):

Name:	Relationship:	Legal Guardian: Yes No
Address:		
Home Phone:	Cell Phone:	Work Phone:
Email:		Paper Mail: Yes No

Emergency Contact 1 (Other than Guardian, in the event of an emergency and Primary Contacts cannot be reached):

Name(s):	Relationship:
Address:	
Home Phone:	Cell Phone: Work Phone:

Emergency Contact 2 (in the event of an emergency and all above contacts cannot be reached):

Name(s):	Relationship:
Address:	
Home Phone:	Cell Phone: Work Phone:

Primary Care Physician:

Name(s):	Company/Location:
Address:	
Work Phone:	

Dentist:

Name(s):	Company/Location:
Address:	
Work Phone:	

During the past year, has there been any changes to consumer's medical history? (*hospitalizations, major injuries, frequent illness, major surgeries*)

Current Medications:

Medication	Dosage (<i>3-0.1mg tabs</i>)	Times to be Given	Dates to be Given	Prescribing Doctor	Route of Admin.	Diagnosis/ Rationale

Consumer's Strengths:

Consumer's Likes and Dislikes:

Foods:

Activities:

Places:

Hopes, Dreams, and Desires (*this year, long term, etc.*):

What things would you like us to know about the consumer and/or your family? Is your family going through any life changes? What progress have you noticed during the past year? What would you like to focus on in the upcoming year?