Innovations In Learning PC

Client: _____ Phone: _____

Address: _____

Primary Contact/QIDP: _____ Phone: _____

Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Diagnosis: _____

_____

_____

Ratio: _____ Transportation: _____ Requirements for Transport: _____

Goals: _____

_____

_____

Likes: _____

Dislikes: _____

High Risk Plans: _____

_____

_____

Level of Assistance- Dining: _____ Toileting: _____

Medications: _____

_____

_____

Medications at Program/Time: _____

Psychotropic Medications Y/N and Side Effects: _____

_____

_____

Allergies: _____

_____

_____

Behavior Therapist/Target Behaviors: _____

_____

_____