

## Application

Date: \_\_\_\_\_

### Name

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

### Guardians Name

First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last Physical Date: \_\_\_\_\_ Last S.O. Physical Date: \_\_\_\_\_

Last Psychological Date: \_\_\_\_\_ Last T.B. Test: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_ Last Flu Shot: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Lives With: \_\_\_\_\_

Legal Status: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

Assistive Technology: \_\_\_\_\_

Adaptive Equipment: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Chronic Illness: \_\_\_\_\_

Primary Handicapping Condition: \_\_\_\_\_

Secondary Handicapping Condition: \_\_\_\_\_

Behavior Problems/Issues: \_\_\_\_\_

Best method to handle behaviors: \_\_\_\_\_

**Contact/pick up information**

Name: \_\_\_\_\_ Can give information : \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Can give information : \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Can give information : \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Can give information : \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medicaid # \_\_\_\_\_

Other Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

Primary Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

**Prescription medications**

Name of medication

Doseage/ Time taken

Route

Name of medication	Doseage/ Time taken	Route

**Over the counter medication ( circle the ones you can have)**

Tums

rubbing alcohol

hydrocortizone

Tylenol

peroxide

calamine lotion

Ibuprofen

antibiotic ointment

bandaids

benedryl

cough drops

## Social History

Birth Development

Problems during pregnancy? \_\_\_\_\_

Problems during delivery? \_\_\_\_\_

Birth place: \_\_\_\_\_ Birth order: \_\_\_\_\_

Cry/Breath immediately? \_\_\_\_\_ need oxygen? \_\_\_\_\_

Breast or bottle fed? \_\_\_\_\_ Age sat alone: \_\_\_\_\_

Age Crawled? \_\_\_\_\_ Age made sounds: \_\_\_\_\_

Age Bowel Trained? \_\_\_\_\_ Age Bladder Trained? \_\_\_\_\_

Dress alone? \_\_\_\_\_ Toilet trained at night? \_\_\_\_\_

Bowel control? \_\_\_\_\_ Feed Self? \_\_\_\_\_

Bath alone? \_\_\_\_\_ Other information: \_\_\_\_\_

What do you need help with? \_\_\_\_\_

Developmental Concerns? \_\_\_\_\_

Best Method of reinforcement? \_\_\_\_\_

Temper Tantrums? \_\_\_\_\_ Get along with others? \_\_\_\_\_

Afraid of anything? \_\_\_\_\_ Sleep disturbances? \_\_\_\_\_

### Does the client

Cry easily? \_\_\_\_\_ Tire Easily? \_\_\_\_\_ Sudden outburst? \_\_\_\_\_

Strike at people? \_\_\_\_\_ Throw objects? \_\_\_\_\_ Mean to animals? \_\_\_\_\_

Mean to people? \_\_\_\_\_

### Activities/Observations

Community Activities? \_\_\_\_\_

Leisure activities? \_\_\_\_\_

Social activities? \_\_\_\_\_

Religious activities? \_\_\_\_\_ Religious modifications: \_\_\_\_\_

Field Trips? \_\_\_\_\_

Favorite activities? \_\_\_\_\_

Favorite foods? \_\_\_\_\_

Understanding of community? \_\_\_\_\_

Describe personality: \_\_\_\_\_

Speech ability: \_\_\_\_\_ Attention span? \_\_\_\_\_

Alternate method of communication? \_\_\_\_\_

## Family medical history

Tuberculosis: \_\_\_\_\_

Rheumatic fever: \_\_\_\_\_

Hepatitis: \_\_\_\_\_

Cancer: \_\_\_\_\_

Heart Disease: \_\_\_\_\_

AIDS/HIV: \_\_\_\_\_

Allergies: \_\_\_\_\_

Mental Illness: \_\_\_\_\_

Learning difficulties: \_\_\_\_\_

Asthma: \_\_\_\_\_

Diabetes: \_\_\_\_\_

## Medical History

Current health condition? \_\_\_\_\_

Physical Disabilities? \_\_\_\_\_

Mental Disabilities? \_\_\_\_\_

Ambulation? \_\_\_\_\_

Informant of information? \_\_\_\_\_

## Interview/Futures plan

What do you feel you are good at doing? \_\_\_\_\_

Who are the most important people in you life? \_\_\_\_\_

What decisions do you make for yourself? \_\_\_\_\_

What decisions are made for you? \_\_\_\_\_

Do you have any cultural and/or religious preferences? \_\_\_\_\_

If yes, are there any modifications required? \_\_\_\_\_

Are there any potential risks in community or  
service settings that need to be addressed \_\_\_\_\_

Plan of action for identified risk. \_\_\_\_\_

Where do you see yourself living next year? \_\_\_\_\_

Where do you plan to be working next year? \_\_\_\_\_

Where are some places you go in the community? \_\_\_\_\_

Community activities you want to be more active in? \_\_\_\_\_

Recreational activities you do now? \_\_\_\_\_

Activities you would like to do in the future? \_\_\_\_\_