**Consumer Information**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nick name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appearance** Height\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hair Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eye Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Issues / Challenges**

Visual 🞏

Hearing 🞏

Mobility 🞏

Mental / Cognitive 🞏

**Communication**

English is primary language? 🞏

Able to hold conversation? 🞏 Makes Eye Contact? 🞏 Sensitive to loud sound/physical touch? 🞏

Best Method to approach?

Calming/De-escalation Techniques

**Interaction / Behaviors \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requires**

Glasses 🞏 Oxygen 🞏 Service Animal 🞏

Hearing Aide 🞏 Ventilator 🞏 Asthma Inhaler 🞏

Cart/ Wheelchair 🞏 Crutches/ Cane /Walker 🞏 Medical Assist Person 🞏

Other

**Safety** Danger to Self? 🞏 Danger to Others? 🞏

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Address** | Street, Apt Number | City | State | Zip |
| Lives at |  |  |  |  |
| Works at |  |  |  |  |
| Goes to School |  |  |  |  |
| Other  (Dialysis, etc.) |  |  |  |  |

**Tracking system**(s) OnTrak 🞏

**Other: \_\_\_\_ \_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Contacts**  Relation | Name | Street, Apt Number, Zip | Phone / Email |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Last Updated [date/time] by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_