

LETTER OF GUIDANCE

GENERAL INFORMATION

Prepared By: _____

Date: _____

Relationship: _____

Father's Name: _____

Mother's Name: _____

Person with Disability Name: _____

Siblings (Ages, Married, # of Children):

1. _____

2. _____

3. _____

4. _____

5. _____

Full Name: _____

Date & City of Birth: _____

Marital Status: _____

CURRENT MEDICAL STATUS

Current Doctor: _____ Specialty: _____

Address: _____

Phone: _____

Current Doctor: _____ Specialty: _____

Address: _____

Phone: _____

Dentist: _____

Address: _____

Phone: _____

Diagnosis: _____

Seizures: _____

Vision: _____

Hearing: _____

Speech: _____

Mobility (Fine & Gross Motor Skills):

Blood Disorders:

Allergies: _____

Nursing Needs: _____

Therapy: _____

How many times weekly? __ Where? _____ Phone: _____

Other Problems: _____

Past Operations (& years):

Hospital History:

MEDICATION:

<u>Medication Name</u>	<u>Time</u>	<u>Dosage</u>	<u>How Given</u>	<u>Prescribed by</u>
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What usually happens after dosage is given (reaction)? _____

Behavior: Usually Happy _____ Pleasant Disposition _____ Playful _____
Quiet _____ Withdrawn _____ Aggressive _____ Passive _____

Sleeping Habits: _____

Bathing: _____

Dressing: _____

Toilet Habits: _____

Eating: (General types of food)

Breakfast

Lunch

Dinner

Food

Likes: _____

Food

Dislikes: _____

Position when Eating: _____

Additional Information: _____

HOUSING

Present: _____

Past: _____

Future:

First Choice: _____

Second Choice: _____

Third Choice: _____

How does he or she adapt to new situations? _____

Favorite Entertainment at Home: (T.V., Radio, Computer, etc.) _____

Additional Information: _____

EDUCATION

School: _____

Address: _____

Telephone: _____

Name of Supervisor: _____

Current Programs: _____

Transportation to School: _____

What must be taken to School? _____

Activities: _____

DAILY LIVING SKILLS

Current Activities: _____

How are these activities monitored? _____

Interaction with peers: _____

Self-Esteem: _____

DAY PROGRAM OR WORK

Present: _____

Past: _____

Future:

First Choice: _____

Second Choice: _____

Third Choice: _____

Assistance Needed: _____

LEISURE AND RECREATION

Recreation: _____

Activities: _____

Vacations: _____

Fitness: _____

RELIGION

Faith: _____

Where: _____

Clergy: _____

Participation: _____

VALUES

What values do you want to be taught and reinforced? _____

OTHER

IMPORTANT PAPERS

Where do you keep the following items?

Wills, Family Living Trusts, Living Wills, Durable Power of Attorney, etc.: _____

Safe-Deposit Box: _____

Life Insurance: _____

Burial Papers: _____

Health Insurance: _____

Employee Savings Plans: _____

Income Tax Records: _____

Real Estate Papers: _____

Trusts: _____

Father's Signature

Date

Mother's Signature

Date