

Completed: _____

Assist ID: _____

Updated: _____

IDENTIFICATION

Member's Name: _____

Date of Birth: _____

Guardianship Status: _____

Member Address: _____

Phone Number: _____ Marital Status: _____ Religion: _____

Race: _____ Citizenship: _____ Language: _____

Sex: _____ Hair Color: _____ Eye Color: _____ ID Marks: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

FAMILY

Mother's Name: _____ Phone #: _____

Address/City/State/Zip: _____

Father's Name: _____ Phone #: _____

Address/City/State/Zip: _____

Guardian Name: _____ Phone #: _____

Address/City/State/Zip: _____

Provider Name: _____ Phone #: _____

Agency: _____ Phone #: _____

CONTACTS

DDD Support Coordinator: _____ Phone #: _____
Address/City/State/Zip: _____

Careloft Site Manager: Jennifer Hernandez
Office Phone #: _____ Cell Phone #: _____
Day Program: _____ Phone #: _____
Other: _____ Phone #: _____

MEDICAL INFORMATION

Health Problems: _____
Allergies: _____
Behavioral Issues: _____

BTP: Yes No

Behavioral Modifying Medication: Yes No

Seizures: Yes No

Anti-epileptic Medication: Yes No

Current Medications:

Classification

Purpose

For additional information on immunizations and other health related information, refer to the Medical History and Summary of Individualized Health Care and Safety Needs.

HEALTH CARE PROVIDER INFORMATION

Primary Care Physician: _____

Address: _____

Phone Number: _____

HEALTH CARE / INSURANCE INFORMATION

EMER: _____

Primary Insurance: _____

Phone #: _____

Plan Number: _____

PROCESS FOR AUTHORIZATION: _____

Secondary Insurance: _____

Phone #: _____

Plan Number: _____

PROCESS FOR AUTHORIZATION: _____

Pharmacy: _____

Phone #: _____

Address: _____

EMERGENCY HEALTH CARE

EMERGENCY-Definition: This situation calls for immediate attention but is not life threatening, therefore, the staff on duty can transport to the urgent care facility or hospital.

Staff will take the members' day program file with insurance information to the doctor's office, urgent care facility or hospital.

HOSPITAL / URGENT CARE FACILITY

Hospital: _____ Phone #: _____
Address: _____
Urgent Care: _____ Phone #: _____
Address: _____

EXTREME EMERGENCY— Definition: In this situation, there is no doubt in your mind that it is a life or death circumstance, and the member requires emergency care and emergency transportation.

Immediately call 911.

Staff will take the member's day program file with insurance information to the doctor's office, urgent care facility or hospital.

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

Careloft Director: Eric Chez _____ Phone #: 480-261-9182
Guardian: _____ Phone #: _____
Support Coordinator: _____ Phone #: _____
Provider: _____ Phone #: _____

The staff in charge will write an Incident Report.