

The Arc Fresno General Information

Name: Last First MI			Start Date	UCI #	Arc Fresno ID#
Address: Street City Zip			DOB	Age	Sex
Phone #	Social Security # ###-##-####	Email	Ethnic Background		Guardian/Conservator
Case Manager	Program Assigned	CVRC / CPC	Phone:		
Transportation			Living Arrangements (SNF, CCF, RCFE, FHA, or NH)		
EMERGENCY INFORMATION: In case of emergency call:					
1. Name				Phone	
2. Name				Phone	
3. Name				Phone	
Hospital Preferred				Phone	
Doctor's Name				Phone	
MEDICAL INFORMATION:					
<input type="checkbox"/> Take Medication <input type="checkbox"/> Allergic to Bees <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures					
Name of Medication		Dosage		Time of day taken	
Any other medical problems or physical limitations, use of need of adaptive equipment, cultural/religious or technical assistance concerns:					
Updated by:				Date:	

cc: Master File

The Arc Fresno Applicant Initial Assessment

Consumer Name:		Program:	
DOB:		CPC:	
Preferred Language:			
<u>HEALTH:</u>			
Any medical problems or physical limitations, cultural/religious or technical assistance concerns:			
Mark all that apply:			
<input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Allergies <input type="checkbox"/> Hypothyroidism <input type="checkbox"/> Amenorrhea <input type="checkbox"/> Asthma <input type="checkbox"/> Psoriasis <input type="checkbox"/> Hearing Deficit or Deaf <input type="checkbox"/> Lice <input type="checkbox"/> Incontinent <input type="checkbox"/> Diabetes <input type="checkbox"/> Ambulatory: <input type="checkbox"/> Major Developmental Milestone Gain/Loss <input type="checkbox"/> Fracture or Break in past year <input type="checkbox"/> Hepatitis-active infection past year <input type="checkbox"/> Infectious disease in past year <input type="checkbox"/> Non-Ambulatory: Wheel Chair Walker Needs assistance with walking <input type="checkbox"/> Other: _____			
<u>BOWEL & BLADDER:</u>			
<input type="checkbox"/> Has 1-2 regular BM daily <input type="checkbox"/> Will locate toilet in unfamiliar environment <input type="checkbox"/> Needs assistance using the bathroom			
<u>SOCIAL SKILLS:</u> <input type="checkbox"/> Verbal <input type="checkbox"/> Non Verbal			
Describe social skills:			
<u>SOCIO SEXUAL BEHAVIOR:</u>			
<input type="checkbox"/> Closes bathroom door or requests it to be closed <input type="checkbox"/> Closes bedroom door or requests it to be closed			
<u>RESTRICTED HEALTH CONDITION:</u>			
<input type="checkbox"/> Tube Feeding <input type="checkbox"/> Pressure Sores <input type="checkbox"/> Nebulizer Treatments <input type="checkbox"/> Catheter Care Other: _____			
<u>BACKGROUND INFORMATION:</u>			
Have you ever been convicted of a crime?			
<u>COMPLETED BY</u>		<u>DATE</u>	

The Arc Fresno
Emergency Authorization

Authorization for Emergency Care:

I, _____ authorize The Arc Fresno Staff to seek and obtain appropriate medical care in the event of an emergency.

I understand that The Arc Fresno will make every effort to contact a family member, my guardian or my conservator. However, in the event that immediate medical attention is required, The Arc Fresno also has permission to release pertinent medical information to medical personnel.

Consumer Signature

Date

Expiration Date

Conservator Signature (if applicable)

Date:

Expiration Date

Witnessed by

Date

Title