

**REGION IV REACH Guest Profile**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Form Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Basic Skills - Level of Assistance Required (check applicable column)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Independent** | **Verbal Prompt** | **Gestured Prompt** | **Partial Physical** | **Full Assist** | **Description** |
| Mobility |  |  |  |  |  |  |
| Eating |  |  |  |  |  |  |
| Drinking |  |  |  |  |  |  |
| Bathing |  |  |  |  |  |  |
| Oral hygiene |  |  |  |  |  |  |
| Dressing |  |  |  |  |  |  |
| Regulates water temperature |  |  |  |  |  |  |
| Toileting (urine) |  |  |  |  |  |  |
| Toileting (feces, wiping) |  |  |  |  |  |  |
| Menstruation |  |  |  |  |  |  |
| Fire Drill –  Evacuation |  |  |  |  |  |  |
| Street Crossing |  |  |  |  |  |  |
| Telephone Use |  |  |  |  |  |  |
| Money Skills |  |  |  |  |  |  |

**Behavior (check appropriate column)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Appropriate** | **Occasional Problems** | **Frequent Problems** | **Description** |
| Respects own  clothing/  property |  |  |  |  |
| Respects  others’ property |  |  |  |  |
| Reaction  to rules/  regulations |  |  |  |  |
| Sexual behavior |  |  |  |  |
| Temper |  |  |  |  |
| Sleep habits |  |  |  |  |
| Public  restaurant |  |  |  |  |
| Car |  |  |  |  |
| Movies |  |  |  |  |
| Stores, Malls,  Crowds |  |  |  |  |
| Picks up objects  and places  in mouth/  swallows |  |  |  |  |

1. Does guest have special issues to monitor? Yes No

If yes, explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Specific behavior problems:

3. Describe the most effective ways to prevent or stop inappropriate behaviors from escalating:

**Communication/Social Skills**

1. Describe how guest express needs (i.e. hunger, thirst, anger, sadness,

happiness):

2. Describe socialization skills/style with each of the following (i.e. appropriate, quiet, talkative, assertive; indicate fears, likes, dislikes)

Family:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Friends/Peers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Staff: \_

Strangers:

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**Daily Routine/Preferences**

Describe a typical day in the individual’s life including preferences

A.M. Routine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Day Activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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P.M. Routine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Favorite Activities, Food, etc.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Strong Dislikes/Stressors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Medical**

1. Will guest need to take medications while at respite? \_\_Yes \_\_No

2. Does guest have food or drug allergies? \_\_Yes \_\_No

If yes, please list:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Does guest utilize adaptive equipment (i.e.: safety straps): \_\_Yes \_\_No

If yes, please explain:

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4. Does guest have vision or hearing problems? \_\_Yes \_\_No

If yes, please explain:

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5. Does the guest have any medical conditions, i.e. diabetes, high blood

pressure, etc.? \_\_Yes \_\_No

If yes, please list:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. Does the guest have any activity restrictions? \_\_Yes \_\_No

If yes, please list:

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7. Does guest have a history of substance abuse? \_\_Yes \_\_No

If yes, please explain:

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8. Other important medication information, i.e. childhood illnesses, repeated

infectious diseases, physical disabilities, etc.

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Print Name & Title of Person Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

REACH Region IV 6.19.18