

Consumer Data

Name:	Religion:	<u>Legal Representative/Responsible Party</u>
Date of Birth:	County of Responsibility:	Name:
Age:	Referral Source:	Type:
Gender:	Funding Source:	Address:
SSN:	Treatment Status:	City/State/Zip:
Residence:	Previously Treated:	Phone:
City/State/Zip:	Department:	<u>Case Manager</u>
Home Phone:	Legal Status:	Name:
Work Phone:	<u>Advocate</u>	Address:
Diagnosis:	Name:	City/State/Zip:
School/Employer:	Phone:	Phone:

Emergency Contacts

<u>First Contact</u>	<u>Second Contact</u>	<u>Day Program</u>
Name:	Name:	Name:
Relationship:	Relationship:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:

Medical Information

ID# or MA#:		
<u>Primary Physician</u>	<u>Clinic</u>	<u>Psychiatrist</u>
Name:	Name:	Name:
Phone:	Phone:	Phone:
<u>Allergies</u>	<u>Current Medications</u>	<u>PRN(s)</u>

PCA Care Plan

Consumer Name:

Date Report Completed:

Shared Care Arrangement Yes No

Activities of Daily Living

Identify amount of assistance needed to complete daily tasks (No Assistance, Some Assistance, Total Assistance)

Plan

Indicate PCA Responsibility including limitation and assistance plan, precautions, and reminders needed.

Toileting

Toileting

Range of Motion/Mobility

Range of Motion/Mobility

Transfers

Transfers

Grooming/Hygiene

Grooming/Hygiene

Dressing Assistance

Dressing Assistance

Assist with Feeding

Assist with Feeding

Bathing

Bathing

Positioning

Positioning

Light Housekeeping

Laundry

Home/Community Safety

Light Housekeeping

Laundry

Home/Community Safety



Health-Related Functions

Identify amount of assistance needed to complete daily tasks (No Assistance, Some Assistance, Total Assistance)

Plan

Indicate PCA Responsibility including limitation and assistance plan, precautions, and reminders needed.

Medical Appointment

Medication Assistance

Medical Appointment

Medication Assistance

Medication	Dosage	When Given

Behavior

Identify amount of assistance needed to complete daily tasks (No Assistance, Some Assistance, Total Assistance)

Plan

Indicate PCA Responsibility including limitation and assistance plan, precautions, and reminders needed.

Redirect Behaviors

Problem Solving

Appropriate Language

Redirect Behaviors

Problem Solving

Appropriate Language

Expression Skills

Accepts Feedback

Boundaries

Expression Skills

Accepts Feedback

Boundaries

Attachments:

- Physicians Statement of Need
- Medication Side Effects
- Seizure Plan of Care
- Behavioral Intervention Plan
- IDT Signature Page

Care Plan sent to:

- Consumer / Responsible Party
- Case Manager
- Other: _____