

MEDICATIONS

Medication:	New Medication: (added within last 2 weeks)	Dosage/Frequency:	Preferred Form: (liquid, pill, etc)

MEDICAL HISTORY

Health Issue/Diagnosis:	When Did it Start?	Notes:

PATIENT ALLERGIES

PATIENT ALLERGIES	SEVERITY

PERSONAL ASSISTANCE NEEDS (circle appropriate response)			
Bathroom Use:	Independent	Needs Some Assistance	Needs Complete Assistance
Eating:	Independent	Needs Some Assistance	Needs Complete Assistance
Mobility:	Independent	Limited	Uses mobility device
Communication:	Verbal	Limited	Non-Verbal/Uses Assistive Device
Social Preference:	Social	Not Social	Varies
Sleep Schedule:	Typical	Inverted	Variable

PATIENT'S SELF EXPRESSION, LIKES AND DISLIKES:	
I express myself by:	
I calm myself by:	
When I'm happy, I:	
When I'm sad, I:	
When I'm scared, I:	
When I'm angry, I:	
My likes:	
My dislikes:	

ADDITIONAL INFORMATION:	
Patient has mask/face sensitivity (circle) yes no	
Patient has general touch sensitivity (circle) yes no	