

Date Rec'd _____

Date Reviewed _____



His Participation Registration Form- What do you need to know about me?

Name: _____

I prefer to be called _____ DoB: _____

_____ I live independently. _____ I live in a group home. _____ I live with my family or caregivers.

The person(s) who take care of me include:

Person Completing This Form: _____

Emergency Contact Name(s): _____

Address: _____

Phone Number(s): _____

MEDICAL

1. Do you have on-going medical diagnoses/issues/problems which would require immediate attention (calling 911)?

_____ yes _____ no If yes, please explain:

2. Are you allergic to anything? _____ yes _____ no

List allergies: _____

3. Do you have dietary restrictions or food sensitivities? _____ yes _____ no

List: _____

What can we expect if you have an allergic reaction and what can we do for you?

4. Are you diabetic? _____ yes _____ no

What do we need to know about how this affects you and how we can help prevent issues for you?

5. Do you have seizures? _____ yes _____ no

Can you describe what happens when you have a seizure and how we can help you if this occurs?

ASSISTANCE NEEDS

6. Are you _____ ambulatory _____ non-ambulatory?
Do you use a: cane _____yes _____no walker _____yes _____no
wheelchair _____yes _____no other: _____
How can we best assist you?
7. Do you wear: eye glasses _____yes _____no contacts _____yes _____no
hearing aids _____yes _____no
8. Do you require personal care assistance? _____yes _____no
_____ I need some assistance but can do many things independently.
_____ I need someone to assist/prompt me on an individual basis.
_____My family member will attend with me. _____My caregiver will attend with me.
_____I can share a volunteer with other people. _____I need a one-on-one person assigned to me.
9. Do you require assistance with toileting? _____ yes _____ no
How can we best assist you?
10. Do you require assistance eating? _____ yes _____ no
Do you require assistance with fluid intake? _____ yes _____ no
Do you easily/frequently choke? _____yes _____no
How can we best assist you?

PERSONALITY/COMMUNICATION

11. Do you need assistance/encouragement/prompting to participate? _____yes _____no
What do we need to do to best help you/facilitate your involvement/enjoyment?
12. I : _____ can independently communicate my needs and what I like/dislike verbally.
_____ can communicate my needs and what I like/dislike verbally but need prompting, assistance, etc.
_____ am non-verbal but can let you know what I need and what I like/dislike.
_____ am non-verbal and it is difficult for me to let you know what I need and what I like/dislike
You need to know this about my communication:

13. Things I really enjoy/am interested in include:

14. Things that I really do not enjoy/am not interested in/am uncomfortable with include:

15. If I am uncomfortable or don't like something, I could potentially have a melt-down. ____yes ____no

If I melt down what you will see is...and what you can do to help me is....

A trigger point for resistance, frustration, or behavioral problems may emerge for me if/when...

The best way to help me calm down is:

Any other information that you would like to share/want us to know:

My T-shirt size is ____ Female ____ Male ____XS ____S ____M ____L ____XL ____XXL ____XXXL

Signature of Person Completing Form: _____

Date: _____