

Summary

Client Name:

DDS Number:

DDS Contract: Y

Address:

Phone:

Placement Date:	RDID:
Date of Birth: 09/21/72	Residential Program Type: CLA
SSN:	Married? N
Sex: F	Number of Dependents: 0
Class Member: 000	Eligibility Status: AO
Ethnic Origin: W WHITE	Eligibility Determination Date:
Interpreter Needed? N NO INTERPRETER NEEDED	ICD9/DSM4 Code for MR Level:
Religion: P PROTESTANT	Mr Level:
Case Manager:	Phone:

Biography

Mother's Date of Birth:	Father's Date of Birth:
Probate: N	Probate Date:
Nexus Region: NR	Legal Status Date:
Legal Status: OT OTHER	School:
Nexus School:	
Assigning Organization:	

Guardian Information

Guardian Name:	Appointment Date:
Guardian Type: LGMU LTD GUARDIAN MULTIPLE	Review Date:

Functional Profile

Adaptive Equipment:	Y	
Supervision:	24H	24 HOUR
Evacuation Ability:	I	IMPRACTICAL
Vision:	B	VISUAL IMPAIRMENT/ CORRECTED
Hearing:	A	NO APPARENT AUDITORY IMPAIRMENT
Mobility:	C	WALKS WITH ASSISTIVE DEVICE
Communication:	B	VERBAL COMMUNICATION/ LIMITED SKILLS
Nursing Support:	RNAN	RN AS NEEDED (FOR A RECOGNIZED CONDITION)
Behavioral Support:	NONE	NONE (NO RECOGNIZED NEED FOR BEHAVIORAL SUPPORT)
Eating Ability:	A	EATS INDEPENDENTLY
Complic of Chew/Swallow:	NO	NO APPAR.COMPLIC.CHEW/ SWALL/ EATING BEHAVIOR

Medical Information

Primary Physician Name:		Most Recent Medical Exam	
Address:		Most Recent TD Examination	
Phone:		Exam Result:	
		Treatment Plan:	

Allergies

- 1 ASA
- 2 EMYCIN
- 3 KEFLEX
- 4 CLINDAMYCIN
- 5 DIMETAPP
- 6

Dietary Information

Liquids

NR NO RESTRICTIONS/ THIN LIQUIDS OK

Consistency

CU CUT-UP FOOD CONSISTENCY

Diet Orders

- 1 HP HIGH PROTEIN
- 2
- 3
- 4

Active Diagnoses (With Associated Medications/Behavior Treatment Plans)

No Active Diagnoses / Behavior Treatment Plans available

Active Medications/Behavior Treatment Plans (With Associated Diagnoses)

No Active Medications/Behavior Treatment Plans available

Benefits

Client Summary Report

	Benefit Name	Date Applied	Date Accept/Reject	Eligible
1	TITLE XIX (MEDICAID)			Y
2	PRIVATE HEALTH INSURANCE			Y

Responsible Persons

	Name	Phone	Participation Code(s)	
1			PRMD	PRIMARY PHYSICIAN
2			PRRP	PRIMARY RESPONSIBLE PERSON
3			LGMU	LTD GUARDIAN MULTIPLE
4			FATH	FATHER
5			LMST	LIMITED STAND-BY GUARDIAN
6			STMO	STEPMOTHER

Placement/Services Information

	Placement Date	Program Name	RDID	Prg Type	Home (DSO)	DMR Con
Current Day Programs						
1	07/01/1995			GSE		Y