

Client Biography

Name: _____

Physical Description: _____

Medication Information: _____

Dietary Needs or Restrictions: _____

Hygiene Needs: _____

Medical and Psychiatric Diagnosis (intervention techniques; how to monitor): _____

Non-Staff Support (volunteers, people with whom there is a lot of contact, guardian, etc) _____

Hobbies and Interests: _____

Emergency Evacuation Assistance: _____

Unsupervised Time (at home and in the community) and Missing Person Statement: _____

Client Biography

Weekday Routine: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Weekend Routine: _____

Saturday: _____

Sunday: _____

Employee's Signature

Date

Trainer's Signature

Date