## FACE SHEET

Section 1 – Basic	: Quic	<u>ck View</u>	<u>/</u>					
<u>Name :</u>			DOB	<u>Sex</u>	<u>Height</u>	<u>Weight</u>		
Also likes to be called as:			<u>SS#</u>	Medical ID#			(Place Photo Here)	
			<u></u>					
Distinguishing Marks:			<u>CA ID#</u>	SDRC UCI#				
Section 2 – Medi	ical a	nd Reh	avioral					
Diagnosis:				Allergies	ç.			
				Other N	1edical Co	oncerns , H	ospitalization History:	
Ambulatory	Yes	No	Notes:					
Verbal	Yes		Notes:					
Continence	Yes	No	Notes:					
Property Destruction	Yes	No	Notes:					
Physical Aggression	Yes		Notes:					
	Yes		Notes:					
Section 3 – Cont	<u>act Li</u>	lst						
Contacts	act Li		act Info	Address	& Additio	nal Info		
	<u>act Li</u>		act Info	Address	& Additio	nal Info		
Contacts	<u>act Li</u>		act Info	Address a	& Additio	nal Info		
Contacts <u>Regional Center Liaison</u>			act Info	Address a	& Additio	nal Info		
Contacts <u>Regional Center Liaison</u> <u>Primary Care Physician</u>	act Li		act Info	Address a	& Additio	nal Info		
ContactsRegional Center LiaisonPrimary Care PhysicianDentist			act Info	Address a	& Additio	nal Info		
Contacts         Regional Center Liaison         Primary Care Physician         Dentist         Psychiatrist			act Info	Address a	& Additio	nal Info		
Contacts         Regional Center Liaison         Primary Care Physician         Dentist         Psychiatrist         Behaviorist		Cont	act Info	Address &	& Additio	nal Info		
Contacts         Regional Center Liaison         Primary Care Physician         Dentist         Psychiatrist         Behaviorist         Insurance	ervator	Cont	act Info	Address a	& Additio	nal Info		
Contacts         Regional Center Liaison         Primary Care Physician         Dentist         Psychiatrist         Behaviorist         Insurance         Responsible Party/Conse	ervator	Cont	act Info			nal Info	92027	
Contacts         Regional Center Liaison         Primary Care Physician         Dentist         Psychiatrist         Behaviorist         Insurance         Responsible Party/Conse         Other Emergency Conta	ervator	Cont					A 92027	
Contacts         Regional Center Liaison         Primary Care Physician         Dentist         Psychiatrist         Behaviorist         Insurance         Responsible Party/Conse         Other Emergency Conta         Residence	ervator ect	Cont	858) 206-0963					
Contacts         Regional Center Liaison         Primary Care Physician         Dentist         Psychiatrist         Behaviorist         Insurance         Responsible Party/Conse         Other Emergency Conta         Residence         Camellia Home Residentia	ervator ect Al Facility gs to	Cont	858) 206-0963				92027	
Contacts         Regional Center Liaison         Primary Care Physician         Dentist         Psychiatrist         Behaviorist         Insurance         Responsible Party/Conse         Other Emergency Conta         Residence Camellia Home Residentia         Section 4 — Thing	ervator ect Al Facility gs to	Cont	858) 206-0963				· · · · · · · · · · · · · · · · · · ·	