RESPITE INTAKE PACKAGE

PART A. PERSONAL INFORMATION

Name: _____ Birth Date: _____

Male: ____ Female: _____ Health Card #: _____

Address: _____
(Street) (City) (Postal Code)

Phone Number: _____ Cell: _____ Email _____

Diagnosis (List All): _____

_____

Parent / Guardian / Person Responsible: _____

Phone Number: (Home) _____ (Work) _____

Address: _____
(Street) (City) (Postal Code)

Emergency Contact:

Name: _____ Relationship: _____

Phone Number:(Home/Cell) _____ (Work) _____

Agencies / Professionals Involved:

Agency: _____Phone:_____ Contact:_____

Attending School/Day Program?:

_____

Prior Respite Successful? If yes, where?

_____

_____

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PART B. MEDICAL

Family Doctor: _____ Phone: _____

Is there any difficulty attending medical appointments? Yes _____ No _____

Comments: _____

_____

_____

_____

- **SEIZURES:**

If person has seizures, are they controlled? Yes _____ No _____

What type of seizures? _____

Are there warning signs? _____

Date of last seizure: _____

- **ALLERGIES:** Please list and explain symptoms / effects

  Drugs: _____

  Food: _____

  Insect stings/ bites: _____

  Seasonal (ie: Hay Fever): _____

  Other: _____

  Reactions: _____

  Carries Epi-Pen: Yes _____ No _____

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MEDICAL ISSUES:

Please list and describe any particular issues (i.e. medical frailty, vision or hearing impairment)

_____

_____

_____

_____

IMMUNIZATIONS:

Please list along with last date. (i.e. Hepatitis B, Polio)

_____ Date:_____

_____ Date: _____

_____ Date: _____

_____ Date: _____

CONTAGIOUS DISEASES:

Please list childhood diseases as well as current ones.

_____

_____

_____

PHYSICAL MOBILITY:

Please check the appropriate statement.

- Needs assistance in walking _____
- Needs assistance with wheelchair _____
- Needs assistance with stairs _____
- Other _____

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ASSISTIVE DEVICES / SPECIAL ADAPTATIONS:

Please specify (i.e. glasses, helmet, wheelchair, or prosthetic)

_____

_____

_____

_____

Any Problems taking medication? Yes _____ No _____

Please specify medications, timing, doseage and any problems administering them?:

_____

_____

_____

_____

AUTHORIZATION:

To the best of my knowledge, all medical problems, or conditions requiring ongoing medical supervision or care, have been fully noted. I give permission for this health information to be shared with the appropriate camp staff and outside medical personnel as necessary. If the parent or guardian cannot be reached, permission is, hereby, given to the camp staff to contact the camper's family physician/specialist. (Please inform your physician/specialist that you have given this authorization).

I, hereby, certify that all information completed in this form is accurate and up to date.
I will contact the camp, in writing, if any changes occur in the camper's health status.

Camper/Parent/Guardian: (please print name) _____

Signature: _____ Date: _____

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PART C. COMMUNICATION (Check the most appropriate mode(s) of communication)

Verbal_____ Sign Language _____ PCS _____ Gestural _____

iPad or other assistive device_____ Other_____

How are the basic wants and needs expressed? _____

EXPRESSIVE COMMUNICATION: (Rate using the following scale)

	0 = Never	1 = Sometimes	2 = Always
Communicate single words	0	1	2
Communicate phrases	0	1	2
Communicate sentences	0	1	2
Spontaneous communication	0	1	2
Ask questions	0	1	2
Echolalic	0	1	2
Perseverate	0	1	2
Uses iPad or other AC Device	0	1	2

RECEPTIVE COMMUNICATION:

Come when called by name	0	1	2
Answer questions	0	1	2
Stop activity in response to NO or STOP	0	1	2
Follow simple instructions	0	1	2
Follow complex instructions	0	1	2
Responds to written direction	0	1	2
Responds to sign language	0	1	2
Responds to PCS	0	1	2
Responds to iPad or other AC Device	0	1	2

How does the person react when this communication is unsuccessful or not understood?

_____

_____

_____

_____

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PART D. BEHAVIOUR (Rate using the following scale)

(No)	(less than once a week)	(less than once a day)	(more than once a day)
0	**1**	**2**	**3**

Resistant to change	0	1	2	3
Non-compliant	0	1	2	3
Bizarre behaviour/self-stimulation	0	1	2	3
Attention seeking	0	1	2	3
Hyperactive	0	1	2	3
Crying/whining	0	1	2	3
Temper tantrums	0	1	2	3
*Self-injurious	0	1	2	3
*Aggressive to others	0	1	2	3
Destructive to own/other's property	0	1	2	3
Sexual inappropriateness	0	1	2	3
Profane language	0	1	2	3
Runs Away/Oblivious to Danger	0	1	2	3

*Please describe person's aggressive and self-injurious behaviors:

_____

_____

_____

_____

_____

Describe the person's behaviour when he/she:

- Can't make self understood _____
- Is denied a request _____
- Is in a new environment _____
- Is in a noisy environment _____

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Please list all antecedents to behavioural problems.

_____

_____

_____

_____

_____

_____

_____

_____

_____

Describe methods of dealing with inappropriate behaviour.

_____

_____

_____

_____

_____

_____

_____

_____

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PART E. LIFE SKILLS

TOILETING:	Yes	No
• Independent and spontaneous	_____	_____
• Independent on request	_____	_____
• Needs physical assistance	_____	_____
• Wears diapers during the day	_____	_____
• Wears diapers during the night	_____	_____
• Other_____	_____	_____

DRESSING – HYGIENE – EATING: (rate using the following scale)

0 – Independent
1 – Requires some assistance / prompting
2 – Requires hand-over-hand or someone to complete
3 – Requires total assistance

DRESSING:

• Dressing self	0	1	2	3
• Undressing self	0	1	2	3
• Fastening buttons / zippers	0	1	2	3
• Tie / Velcro – shoes	0	1	2	3
• Chooses clothes	0	1	2	3

HYGIENE:

• Showers	0	1	2	3
• Shampoo / rinse hair	0	1	2	3
• Shaves	0	1	2	3
• Feminine hygiene	0	1	2	3
• Brushes teeth	0	1	2	3
• Applies deodorant	0	1	2	3

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EATING:

• Uses cup / glass	0	1	2	3
• Uses utensils	0	1	2	3
• Cuts food	0	1	2	3
• Other_____	0	1	2	3

Describe food preferences, dislikes and special dietary requirements.

_____

_____

_____

_____

Are there any sleep related problems? Yes _____ No _____

Comments: _____

_____

_____

_____

_____

Are there any other general issues we should be aware of (and other information you would like to give us ?)

_____

_____

_____

_____

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PART F. FAVOURITE ACTIVITIES

ACTIVITIES:

Please indicate other activities, both indoor, outdoor and in the community that you enjoy. Please be as complete as possible, as we will attempt to tailor our outings to your favourite activities.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

APPLICANT / PARENT / GUARDIAN

Completed By: _____
Please print

_____ Date: _____

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