



Attach photo here

Individual Profile

SURNAME, First Name

DOB: 00 / 00 / 0000

Address:		Postcode:		
Phone:		Mobile:		
Gender:	Male	Female	Cultural Identity:	
Disability:				
Parent/Guardian Details				
Mother:		Father:		
Address:		Address:		
Phone:		Phone:		
Mobile:		Mobile:		
E-Mail:		E-Mail:		
Interpreter Required: <input type="checkbox"/> No		Language: <input type="checkbox"/> English		
Is the child/young person the subject of a custody order?		YES	NO	
Details:				
Sibling Details				
	1	2	3	4
Name:				
Date Of Birth:				
Relationship:				
Disability:				
Notes:				

Emergency Contacts

1	Name:	Relationship:	
	Address:	Postcode:	
	Phone:	Mobile:	
2	Name:	Relationship:	
	Address:	Postcode:	
	Phone:	Mobile:	

Case Manager

Name:	Agency:
Postal Address:	Postcode:
Phone:	Fax:
E-Mail:	

School/Day Placement Details

	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
Transport					
Placement					
Finish Time					
Transport					

Does the individual regularly attend before or after school/placement care?
(eg. OOSH services, Care to Work)

1	Service/School:		
	Address:	Postcode:	
	Phone:	Fax:	
	Grade/Year/Program:	Contact:	
2	Service/School:		
	Address:	Postcode:	
	Phone:	Fax:	
	Grade/Year/Program:	Contact:	
3	Service/School:		
	Address:	Postcode:	
	Phone:	Fax:	
	Grade/Year/Program:	Contact:	

Medical Details

Doctor/Paediatrician:

Address: Postcode:

Phone: Fax:

Does the individual have any of the following?:

Asthma (Please complete asthma plan)	YES	NO
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Diabetes (Please complete diabetes plan)	YES	NO
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Epilepsy (Please complete epilepsy plan)	YES	NO
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ADHD	YES	NO	Anxiety	YES	NO
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Hearing Impaired	YES	NO	Vision Impaired	YES	NO
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Does the individual have complex behavioural needs, which includes posing an absconding risk? (if yes, please complete a Behaviour Management Plan)	YES	NO
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Other:

Medical Allergies:

Health Care Number (CRN):

Medicare Card Number:

Medication Chart

Please provide all medication details:

Name	Taken for	Dosage	Time	Comments

All medication needs to be on a Treatment Sheet signed by prescribing doctor.
Any medication that is classed as a medical restriction (eg.behaviour medication) also needs to be accompanied by a Behaviour Support Plan (BSP).

Communication

What is the individual's preferred communication method?

How does the individual communicate when...

...they are experiencing pain/anger:

.....they are feeling happy:

...they are hungry or thirsty:

...they need to go to the toilet:

Mealtime Details

Does the participant require food via PEG or have specific dietary routines?

Does the participant have any particular food preferences?

Do they have any food allergies? What action may be taken if accidentally consumed?

Personal Skills

	Independent	Supervision	Prompting	Full Assistance
Eating				
Pouring Drink				
Showering				
Take themselves to toilet				
Toileting				
Wiping Bottom				
Get Dressed				
Select Clothing				

Comments:

Does the individual prefer a bath or shower?

SHOWER

BATH

Describe any mobility requirements the individual has:

Describe their road safety awareness out in the community:

Continence

Does the individual wear incontinence aids?

YES

NO

Please provide details of the incontinence aids and support required?

Does the individual have any specific toileting routine?

Social Skills

Does the individual enjoy socializing with others?		YES	NO
Details:			
What activities does the participant particularly enjoy?			
Are there any places not recommended to take the participant?			
Does the individual have a heightened interest in fire or pose a fire risk?			
Sleeping			
Sleep time:		Awake time:	
Does the individual have any particular night/sleep routine?			
Does the individual usually wake during the night?		YES	NO
What action should be taken if this occurs?			
Does the individual wet the bed?		YES	NO
Other Information			
Please list any other information not listed on this form:			