

**Individual Emergency Information**  
(Summary sheet addendum)

Date completed: _____	Date revised: _____
Individual's name: _____	
Licensed provider name: _____	
Licensed provider address ( <i>address where licensed provider resides</i> ): _____	
Licensed provider phone: _____	

**Identifying information**

(A recent photo may be attached.)

Physical description of the individual: Height: _____ Weight: _____ Hair color: _____
Eye color: _____ Scars/tattoos: _____ Piercing: _____
Individual's abilities: _____ Language understood by the individual: _____
How the individual communicates: _____
Ability to follow instructions: _____
Additional information: _____

**Personal care information**

Describe the level of independence the individual has in the following areas:	
Toileting: _____	Menses ( <i>if applicable</i> ): _____
Bathing: _____	Dressing: _____
Grooming ( <i>shaving, hair care, etc.</i> ): _____	
Additional information: _____	

**Health support information**

Diagnosis: _____	
Current medications ( <i>attach list if necessary</i> ): _____	
Allergies: _____	Adverse drug use: _____
Other health issues ( <i>describe</i> ): _____	
Dietary needs ( <i>specialized diet, modified textures, etc.</i> ): _____	
Food or fluid limitations: _____	
Special supports needed for eating or drinking ( <i>positioning, specific directions</i> ): _____	
Physical limitations: _____	
Specialized equipment: _____	
Additional information: _____	

## Emotional and behavioral supports

Mental health diagnosis <i>(if applicable)</i> :
Description of behaviors displayed:
Strategies to minimize behaviors or physical aggression:
Court ordered contact limitations:
Guardian authorized contact limitations:
Supervision requirements:
Describe need for supervision requirements:
Additional information: