OVERNIGHT CAMP AND RESPITES

DETAILED HEALTH INFORMATION

PARTICIPANT			
First name		Last	
Date of birth		Gender	☐ Male ☐ Female ☐ N/A
Health insurance #		Expiry	
Does the participant have medical	☐ Private ☐ RAMQ ☐ Other(s) :		
Tetanus vaccine	☐ Yes ☐ No Date:		
Does the participant have any of the following conditions/illnesses :			
☐ Asthma ☐ Indigestion ☐ Loss of appetite ☐ Bulimia ☐ Constipation ☐ Heart trouble ☐ Urinary disorders ☐ Aids / HIV ☐ Hepatitis ☐ Skin problems ☐ Diabetes (supply diet) ☐ Epilepsy ☐ Controlled ☐ Uncontrolled *(Provide pertinent medical reports)*			
Does participant suffer from incontinence? ☐ No ☐ Yes (mandatory)			
ALLERGIES	☐ No ☐ Yes, please specify:		
ALLERGIES food	☐ No ☐ Yes, please specify:		
Has an Epipen	☐ No ☐ Yes Other allergies:		
Does participant possess a hearing aid?	☐ Cochlear implant ☐ Hearing aid ☐ Other:		
Communicates in: ☐ LSQ (Québec) ☐ French ☐ ASL (American) ☐ English ☐ Pictograms ☐ Non verbal			
Other health conditions, illnesses, or handicaps			
Medical history (please include the detailed diagnostic related to the disease or handicap)			
Other pertinent health information			
Does participant have a special risk of dehydration, heat stroke or any infection?			
☐ No ☐ Yes, if so, in what situation:			

À L'ÉTAT Naturel
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INDEPENDENCE / AUTONOMY			
Dressing:	☐ Alone	☐ with help, specify:	☐ not able
Washing:	☐ Alone	☐ with help, specify:	☐ not able
Going to toilet:	☐ Alone	☐ with help, specify:	☐ reminder
Orientation:	☐ Alone	☐ with help, specify:	☐ not able
Move around:	☐ Alone	☐ with help, specify:	☐ not able
Uses wheelchair or other walking support: ☐ Yes, specify:			

EATING HABITS / RESTRICTIONS			
Eats:	☐ Alone	☐ with help, specify:	☐ Not able
Drinks:	☐ Alone	☐ with help, specify :	☐ Not able
Dietary restrictions or intolerance: ☐ No ☐ Yes, specify:			
Food presentation: ☐ Normal ☐ Chopped ☐ Pureed ☐ Liquid			

Type of behavior and level of understanding instructions

Does the participant have any of these behaviours			
☐ Self-aggression	☐ Runs away	☐ Isolates him/herself	☐ Anxiety
☐ Aggression towards others	☐ Hyperactivity	☐ Autistic gestures	☐ Opposition

Causes of disorganization and their control strategies

Important routine to follow with the participant

Date	Signature