Tanguay Place
Comfort, Care, Community.

675 Tanguay Avenue,
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## TREATMENT HISTORY INCLUDING CURRENT SERVICES

| Program/Facility/Hospital | Dates Involved (year/month/day) | Contact Name and # |
|---|---|---|
| | | |
| | | |
| | | |

## PERSONAL INFORMATION

Medical Diagnosis: _____

_____

Seizures: ☐ NO ☐ YES

If YES, Describe _____

Wheelchair ☐ NO ☐ YES ☐ Manual ☐ Motorized

Transfers ☐ NO ☐ YES

If YES, describe _____

Assistive Devices ☐ NO ☐ YES

If YES, What is Needed? _____

Attendant Care ☐ NO ☐ YES

If YES, describe _____

_____

_____

Supervision or assistance with walking ☐ NO ☐ YES

If YES, does it apply to: ☐ level surfaces ☐ stairs or ☐ both

Communication Issues: ☐ NO ☐ YES

If YES, describe _____

Other Physical Conditions (allergies, heart conditions, diet restriction, etc.)

☐ NO ☐ YES

If YES, describe _____

_____

_____

Current Psychiatric Status: _____

Psychiatric Consult Notes: ☐ Included ☐ Report to Follow ☐ Not Available

Education: Highest grade/level attained: _____

If in School, name of School _____

Name of Last Employer: _____

Position: _____

How long were you in this position? _____