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| **Medication Information**  "ODSP"  Drug Plan - Check for Coverage  Pharmacy:   |  |  | | --- | --- | | Health Concerns | Family of Medications | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | UPDATED    (mmm/dd/yy  Additional Information  "Please refer to "Primary Health Guidelines & Tools for the Primary Care of People with Developmental Disability"  @  www.surreyplace.on.ca  click under "clinical"  cnsc_eastern_ENFRblack | H.I.P.  Health Information Profile   |  | | --- | | ***I prefer to be called:*** | |  | |  | | ***Health Card #:*** | |  | | ***Address:*** | |  | |  | | ***Telephone #:*** | | **.** | |
| **Health Information**   |  | | --- | | Allergies: | |  | |  | |  | |  | |  | | Relevant Medical Diagnosis: |                |  |  | | --- | --- | | Dual Diagnosis: | Yes  No | | Psychiatric Admission: | Yes  No | | **Communication and Behaviour**     |  | | --- | | **Cautions:** | |  | |  | | **Behavioural Triggers**: | |  | |  | | **Response Behaviours:** | |  | |  | | **How to Help:** | |  | |  | | **Communication:** | |  | |  | | **Usual Response to Pain or Distress:** | |  | |  | | **Lifestyle:** | |  | | **Contact Information**     |  | | --- | | **Medical and Agency Contacts:** | | Physician Contact: | |  | | Primary Agency contact: | |  | | EMERGENCY CONTACT: | |  | | SUBSTITUTE DECISION MAKER: | |  | |