



Staff: TYLER BONGARD



Service Recipient: MEGAN BURNS

Date: 2/16/22

Service Span: \_\_\_\_\_

Outcomes:

**Outcome #1:** \_\_\_\_\_  
Summarize Steps:  
N/A

**Outcome #2:** \_\_\_\_\_  
Summarize Steps:  
N/A

**Communication Style:**  
VERBAL

**Learning Style:**  
UNKNOWN - NEW PARTICIPANT

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

|   |  |
|---|--|
| <b>Allergies:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                  | List & Describe Supports:<br>IBUPROFEN, SULFA MEDS, ERYTHROMYCIN   |
| <b>Seizures:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes N/A                          | Describe Supports:   |
| <b>Choking:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                    | Describe Supports:<br>CAN SELF-MANAGE  |
| <b>Specialized Diet:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | Describe Supports: NO GRAPEFRUIT, LOW-CARB DIET<br>HELP MAKE HEALTHY FOOD CHOICES, ENCOURAGE DRINKING WATER  |
| <b>Chronic Medical Conditions:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports:<br>DIVERTICULITIS, HYPER-LIPIDEMIA, SLEEP APNEA DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>ASTHMA, VERTIGO (HISTORY OF) |
| <b>Medication at PAI:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | Describe Supports: INHALER- CAN SELF MANAGE, GIVE PROMPTS<br>(HAS PRN SHE NEEDS ASSISTANCE WITH, FOR ANXIETY)  |
| <b>Personal Cares:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes             | Describe Supports:   |
| <b>Mobility/Fall Risk:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes         | Describe Supports:<br>OFFER HAND FOR SUPPORT, ESPECIALLY WHEN SLIPPERY OR SHE'S EXPERIENCING VERTIGO<br>PROMPT TO USE CANE   |
| <b>Community Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | Describe Supports:<br>STAY WITH HER IN COMMUNITY, MODEL/TEACH SAFETY SKILLS IN COMMUNITY   |
| <b>Sensory Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes            | List & Describe Supports: REMIND TO WEAR SUNGLASSES OUTSIDE WHEN SUNNY<br>SENSITIVE TO LOUD NOISES/ GROUPS OF PEOPLE, ENCOURAGE QUIET ACTIVITIES                                       |
| <b>Behavior Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | List & Describe Supports:<br>GOOD W/ VERBAL REDIRECTION, HAVE HER LEAVE SITUATION IF UPSET & TALK IT THROUGH, PROVIDE BREAK SPACE  |
| <b>Unsupervised Time:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes          | Describe Supports:<br>UP TO 15 MIN UNSUPERVISED  |
| <b>Important to:</b>  | CAN BE IN FUN/QUIET/RELAXED ENVIRONMENT, HAVING FUNNY/GOOD FRIENDS   |
| <b>Important for:</b>   | TRUSTWORTHY PEOPLE, SUPPORTED W/ NEEDS, INTERACTING W/ PEERS   |
| <b>Likes:</b>   | SWIMMING, ROCK CLIMBING, MOVIES (SCARY), VIDEO GAMES, TATTOOS  |
| <b>Dislikes:</b>  | LOUD NOISES, THUNDERSTORMS   |

Staff: Rey Ceragidi  
 Date: 2/16/22



Service Recipient: Megan Burns  
 Service Span: \_\_\_\_\_

Outcomes:

**Outcome #1:** 45 days  
 Summarize Steps: \_\_\_\_\_

**Outcome #2:** 45 days  
 Summarize Steps: \_\_\_\_\_

**Communication Style:**  
Verbal

**Learning Style:**  
unknown / learn as we go

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

|  |  |
|--|--|
| <b>Allergies:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                   | List & Describe Supports:<br><u>ibuprophen, seltaneds, erythromycin</u>  |
| <b>Seizures:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes                               | Describe Supports:<br><u>N/A</u>   |
| <b>Choking:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                     | Describe Supports:   |
| <b>Specialized Diet:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes            | Describe Supports: <u>encourage to drink water (diabetics in the past)</u><br><u>no grapefruit, low carb diet, healthy food choices</u>  |
| <b>Chronic Medical Conditions:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | List & Describe Supports: <u>tuberculosis, hyperlipidemia, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</u><br><u>sleep apnea, asthma, history of vertigo</u><br><u>(self manage inhaler) might bring walking cane</u> |
| <b>Medication at PAI:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | Describe Supports: <u>* for anxiety</u><br><u>PRN*, self manages inhaler</u>   |
| <b>Personal Cares:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes              | Describe Supports:   |
| <b>Mobility/Fall Risk:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | Describe Supports: <u>reminder to use cane</u><br><u>offer hand when needed (lay &amp; stepping gown)</u> Exercises if having vertigo  |
| <b>Community Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | Describe Supports:<br><u>stay with her in the community, teach + model community safety</u>  |
| <b>Sensory Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes             | List & Describe Supports: <u>remind to wear sunglasses (if sunny)</u><br><u>sensitive to loud noises and groups of people. encourage to choose quiet activities. use neck fan if feeling too hot.</u>  |
| <b>Behavior Support:</b><br><input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes | List & Describe Supports: <u>verbal redirection, have her leave the situation and talk with her about it. provide her a break space</u>  |
| <b>Unsupervised Time:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes           | Describe Supports: <u>15 minutes of unsupervised time, check on her</u>  |
| <b>Important to:</b>   | <u>fun, relax environment, funny and good friends</u>  |
| <b>Important for:</b>  | <u>Trust worthy people, supported, interact with peers</u>   |
| <b>Likes:</b>  | <u>swimming, rock climbing, movies, video games, tattoos, shopping</u><br><u>Maplewood mall and animals</u>  |
| <b>Dislikes:</b>   | <u>loud noises and thunder storms.</u>   |

Staff: Deneen Davis



Service Recipient: Megan B

Date: 3/10/22

Service Span: \_\_\_\_\_

Outcomes:

**Outcome #1:** \_\_\_\_\_  
Summarize Steps:

**Outcome #2:** \_\_\_\_\_  
Summarize Steps:

**Communication Style:** verbal

**Learning Style:**

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

|   |  |
|---|--|
| <b>Allergies:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                  | List & Describe Supports:<br><u>ibuprofen, sulfa meds, Erythromycin</u>  |
| <b>Seizures:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes                              | Describe Supports:<br><u>NA</u>  |
| <b>Choking:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                    | Describe Supports:   |
| <b>Specialized Diet:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | Describe Supports:<br><u>NO grapefruit. MORE water. Low carb diet</u>  |
| <b>Chronic Medical Conditions:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Asthma, vertigo, hyperlipidemia, sleep apnea, diverticulitis</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| <b>Medication at PAI:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | Describe Supports:<br><u>Uses a cane. Staff can offer a hand</u>   |
| <b>Personal Cares:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes             | Describe Supports:   |
| <b>Mobility/Fall Risk:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes         | Describe Supports:<br><u>Self managed inhaler</u>  |
| <b>Community Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | Describe Supports:<br><u>Staff accompanies Megan. Model safety</u>   |
| <b>Sensory Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes            | List & Describe Supports: <u>sensitive to loud noises and loud groups of people</u><br><u>Remind to wear sunglasses, neck fan if too hot.</u>                              |
| <b>Behavior Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | List & Describe Supports: <u>verbal redirection</u><br><u>Leave situation &amp; talk it through - Staff can offer quiet space</u>  |
| <b>Unsupervised Time:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes          | Describe Supports:<br><u>Up to 15 minutes</u>  |
| <b>Important to:</b> <u>fun, quiet, relaxation, good friends, humor</u>                                   |  |
| <b>Important for:</b> <u>trustworthy people, support, interaction with peers</u>                          |  |
| <b>Likes:</b> <u>Swimming, rock climbing, movies, videogames, tattoos, friends</u>                        |  |
| <b>Dislikes:</b> <u>loud noises</u>   |  |

Staff: Gaines, Suzie  
 Date: 2/16/2022



Service Recipient: Megan Burns  
 Service Span: \_\_\_\_\_

**Outcomes:**

**Outcome #1:** \_\_\_\_\_  
 Summarize Steps: \_\_\_\_\_

**Outcome #2:** \_\_\_\_\_  
 Summarize Steps: \_\_\_\_\_

**Communication Style:** Verbal,

**Learning Style:** \* now

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

|   |   |
|---|---|
| <b>Allergies:</b><br><input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes       | List & Describe Supports:<br><u>self</u><br><u>erythromycin</u>   |
| <b>Seizures:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes                              | Describe Supports:<br><u>W/A</u>  |
| <b>Choking:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                    | Describe Supports:<br><u>Self mang.</u>   |
| <b>Specialized Diet:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | Describe Supports:<br><u>NO grapefruit (low-carb diet) health food choice encourage to drink water</u>  |
| <b>Chronic Medical Conditions:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports:<br><u>diverticulitis, hyperlipidation, <del>asthma</del> use's a cane</u><br>DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| <b>Medication at PAI:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | Describe Supports:<br><u>diverticulitis hyperlipidation inhalator.</u>  |
| <b>Personal Cares:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes             | Describe Supports:<br>.   |
| <b>Mobility/Fall Risk:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes         | Describe Supports:<br><u>Hand if icy. Shaven grand. reminders to use cane.</u>  |
| <b>Community Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | Describe Supports:<br><u>Stay with when out in community.</u>   |
| <b>Sensory Support:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes                       | List & Describe Supports:<br><u>reminders to wear sunglasses when sunny choice quite activities</u><br><u>USE neck fan when hot</u><br><u>loud people</u>                           |
| <b>Behavior Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | List & Describe Supports:<br><u>good with verbal reminders. leave room, &amp; talk through</u><br><u>(break space)</u>  |
| <b>Unsupervised Time:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes          | Describe Supports:<br><u>Up to 15 minutes</u>   |
| <b>Important to:</b>  | <u>fun, claim, relax area, good friends</u>   |
| <b>Important for:</b>   | <u>friendship, good friends, trust worthy, supported, interact with peers,</u>  |
| <b>Likes:</b>   | <u>swimming, rock climbing, movies (scary) video games, tattoos, shopping, man's animals, spending time w/ friends</u>  |
| <b>Dislikes:</b>  | <u>loud noises, thunder storms.</u>   |

Staff: John Gebhardt  
 Date: 2/16/22



Service Recipient: Megan Burns  
 Service Span: \_\_\_\_\_

Outcomes:

**Outcome #1:** \_\_\_\_\_  
 Summarize Steps:

**Outcome #2:** \_\_\_\_\_  
 Summarize Steps:

**Communication Style:**  
Verbal

**Learning Style:**  
unknown - New Participant

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

|   |  |
|---|--|
| <b>Allergies:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                  | List & Describe Supports:<br><u>Ibu prophen, Sulfq Meds, Erythromycin</u>  |
| <b>Seizures:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                   | Describe Supports:<br><u>N.A.</u>  |
| <b>Choking:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                    | Describe Supports:   |
| <b>Specialized Diet:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | Describe Supports:<br><u>No Grapefruits. Low Carb Diet. Help her to drink more water</u>   |
| <b>Chronic Medical Conditions:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>Asthma, Vertigo, and DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</u><br><u>Diberticulitis, hyperlipidemia, sleep Apnea</u> |
| <b>Medication at PAI:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | Describe Supports: <u>PRN - For Anxiety, Has her own inhaler, but needs reminder to use</u>  |
| <b>Personal Cares:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes             | Describe Supports:   |
| <b>Mobility/Fall Risk:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes         | Describe Supports:<br><u>offer her a hand if icy surfaces, Remind to use her cane</u>  |
| <b>Community Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | Describe Supports:<br><u>stay with her in community. Model Pedestrian safety</u>   |
| <b>Sensory Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes            | List & Describe Supports:<br><u>Remind to use neck fan when hot. Remind her to wear sunglasses.</u>  |
| <b>Behavior Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | List & Describe Supports:<br><u>sensitive to loud noises and loud Group of people. Talk it through with her.</u>   |
| <b>Unsupervised Time:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | Describe Supports:<br><u>Up to 15 min.</u>   |
| <b>Important to:</b> <u>A fun, quiet and relaxed place. Interact with peers</u>                           |  |
| <b>Important for:</b> <u>To have funny and good friends, Being supported Trusting people</u>              |  |
| <b>Likes:</b> <u>Swimming, Rock Climbing, Scary Movies, video games Tattoos, shopping. Books</u>          |  |
| <b>Dislikes:</b> <u>Loud noises and Thunderstorms.</u>  |  |

Mild DD ASD, Anxiety.

Lead Review Completed: \_\_\_\_\_

Staff: ANDREA GREEN  
 Date: 2-17-22



Service Recipient: Megan B.  
 Service Span: \_\_\_\_\_

Outcomes:

**Outcome #1:** \_\_\_\_\_  
 Summarize Steps:  
N/A

**Outcome #2:** \_\_\_\_\_  
 Summarize Steps:  
N/A

**Communication Style:**  
verbal

**Learning Style:**  
unknown, new participant

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

|   |  |
|---|--|
| <b>Allergies:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                  | List & Describe Supports:<br><u>Ibuprofen, sulfa meds, erythromycin</u>  |
| <b>Seizures:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                   | Describe Supports:<br><u>N/A</u>   |
| <b>Choking:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                    | Describe Supports:   |
| <b>Specialized Diet:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | Describe Supports:<br><u>NO grapefruit, carbs help make healthy choices &amp; reminders to drink water</u>   |
| <b>Chronic Medical Conditions:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports:<br><u>diverticulitis, hyperlipidemia, sleep apnea, vertigo (history), asthma</u><br>DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| <b>Medication at PAI:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | Describe Supports:<br><u>self manage inhaler has pen for anxiety</u>   |
| <b>Personal Cares:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes             | Describe Supports:   |
| <b>Mobility/Fall Risk:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes         | Describe Supports:<br><u>reminder to use cane if experiencing vertigo, offer hand</u>  |
| <b>Community Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | Describe Supports:<br><u>stay w/ cat all times &amp; model community/public safety</u>   |
| <b>Sensory Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes            | List & Describe Supports:<br><u>Remind to wear sunglasses sensitive to loud noises &amp; groups of people.</u>   |
| <b>Behavior Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | List & Describe Supports:<br><u>verbal redirection if gets upset, have her leave room, talk things through</u>   |
| <b>Unsupervised Time:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes                     | Describe Supports:<br><u>upto 15 min to be in fun/relaxed space</u>  |
| <b>Important to:</b>  | <u>first two they people is supported</u>  |
| <b>Important for:</b>   | <u>can interact w/ peers</u>   |
| <b>Likes:</b>   | <u>look climbing, scary movies, video games, animals, tattoos</u>  |
| <b>Dislikes:</b>  | <u>loud noises, thunderstorms</u>  |

Staff: Nikki Kereluk



Service Recipient: Megan Burns

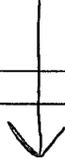
Date: 2/16/22

Service Span: \_\_\_\_\_

Outcomes:

Outcome #1: none until 45 days  
Summarize Steps:

Outcome #2: \_\_\_\_\_  
Summarize Steps:



Communication Style: verbal

Learning Style: unknown -> new participant

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

|   |   |
|---|---|
| <b>Allergies:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                  | List & Describe Supports:<br><u>ibuprofen, sulfa meds, erythromycin</u>   |
| <b>Seizures:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes <u>—</u>                     | Describe Supports:<br><u>N/A —</u>  |
| <b>Choking:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                    | Describe Supports:<br><u>—</u>  |
| <b>Specialized Diet:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | Describe Supports:<br><u>no grapefruit, low carb diet -&gt; healthy food choices<br/>*encourage water</u>   |
| <b>Chronic Medical Conditions:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports:<br><u>diverticulitis, hyperlipidemia,<br/>sleep apnea, asthma, vertigo (history) may bring her <sup>cane</sup></u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| <b>Medication at PAI:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | Describe Supports:<br><u>inhaler -&gt; self-manage (No MAR) / PRN -&gt; needs assistance</u>  |
| <b>Personal Cares:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes             | Describe Supports:<br><u>independent</u>  |
| <b>Mobility/Fall Risk:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes         | Describe Supports:<br><u>offer hand (slippery or vertigo) use cane if *exercising*<br/>necessary</u>  |
| <b>Community Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | Describe Supports:<br><u>supervision, model/teach ped. and community safety</u>   |
| <b>Sensory Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes            | List & Describe Supports: <u>remind to wear sunglasses, loud noises<br/>and groups of people, -&gt; encourage calm activities, neck fan if hot</u>  |
| <b>Behavior Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | List & Describe Supports:<br><u>Verbal redirection -&gt; leave situation and talk it out<br/>provide break space</u>  |
| <b>Unsupervised Time:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes          | Describe Supports:<br><u>up to 15 minutes</u>   |
| <b>Important to:</b>  | <u>fun, quiet, relaxed environment. &amp; funny/good friends</u>  |
| <b>Important for:</b>   | <u>trustworthy people, supported, interact w/ peers, <del>video games</del></u>   |
| <b>Likes:</b>   | <u>swimming, rock climbing, movies (scary), video games, tattoos,<br/>shopping, animals, friendships</u>  |
| <b>Dislikes:</b>  | <u>loud noises, thunderstorms,</u>  |

mild DD, autism spectrum, anxiety

Lead Review Completed: \_\_\_\_\_

Staff: Dennis Mow  
 Date: 2/16/22



Service Recipient: Megan Burns  
 Service Span: \_\_\_\_\_

Outcomes:

|  |
|--|
| Outcome #1: _____<br>Summarize Steps:<br><br>N/A |
| Outcome #2: _____<br>Summarize Steps:<br><br>N/A |
| Communication Style:<br>verbal,                  |
| Learning Style:<br>unknown, new participant      |

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

|  |   |
|--|---|
| Allergies:<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                    | List & Describe Supports:<br>ibuprofen, sulfa meds, erythromycin  |
| Seizures:<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                     | Describe Supports:<br>N/A   |
| Choking:<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                      | Describe Supports:<br>-   |
| Specialized Diet:<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes             | Describe Supports:<br>no grapefruit, no carbs, help make healthy food choices, encourage her to drink water   |
| Chronic Medical Conditions:<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | List & Describe Supports:<br>diverticulitis, hyperlipidemia, sleep apnea, asthma, vertigo (history)<br>DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Medication at PAI:<br><input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes | Describe Supports:<br>(has inhaler, can self manage) has a PRN for anxiety  |
| Personal Cares:<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes               | Describe Supports:  |
| Mobility/Fall Risk:<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | Describe Supports:<br>offer her a hand or if she is experiencing vertigo, remind her to use her cane if she has it (has exercises)  |
| Community Support:<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes            | Describe Supports:<br>stay with her in community, model and teach pedestrian safety   |
| Sensory Support:<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes              | List & Describe Supports:<br>Remind her to wear sunglasses. Sensitive to loud noises and groups of ppl. Encourage her to choose   |
| Behavior Support:<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes             | List & Describe Supports:<br>verbal redirection, if she gets upset have her leave situation, talk it through her. Provide break (quiet activities) remind her to use her fan        |
| Unsupervised Time:<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes            | Describe Supports:<br>up to 15 minutes, important to space. be in fun related quiet environment. funny and good friends.  |
| Important to:  | trustworthy ppl, is supported, <del>is supported</del>  |
| Important for:   | can interact with peers and ppl   |
| Likes:   | swimming, rock climbing, scary movies, video games, tattoos, shopping, spicers, craft, shopping, animals,   |
| Dislikes:  | loud noises and flunder storms, <del>loud noises</del>  |

Staff: Daniel P  
 Date: 2/16/22



Service Recipient: Megan B.  
 Service Span: \_\_\_\_\_

**Outcomes:**

**Outcome #1:** \_\_\_\_\_  
 Summarize Steps: \_\_\_\_\_

**Outcome #2:** \_\_\_\_\_  
 Summarize Steps: \_\_\_\_\_

**Communication Style:** Verbal

**Learning Style:** \* New participant \*

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

|   |   |
|---|---|
| <b>Allergies:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | List & Describe Supports:<br><u>ibuprofen, sulfa, erythromycin</u>  |
| <b>Seizures:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | Describe Supports:<br><u>NA</u>   |
| <b>Choking:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes            | Describe Supports:  |
| <b>Specialized Diet:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | Describe Supports: <u>encourage water consumption</u><br><u>No grapefruit, low carb diet, was pre diabetic at one time</u>  |
| <b>Chronic Medical Conditions:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes    | List & Describe Supports: _____ DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br><u>Diberticulitis, Hyperlipidemia, sleep apnea, asthma, vertigo</u> |
| <b>Medication at PAI:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | Describe Supports:<br><u>has inhaler and manages it but not PRN for anxiety. .. staff give</u>  |
| <b>Personal Cares:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes     | Describe Supports:  |
| <b>Mobility/Fall Risk:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Describe Supports: <u>remind to use cane</u><br><u>offer a hand on icy surfaces or if vertigo is present</u>  |
| <b>Community Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | Describe Supports:<br><u>Stay with her in community. model and teach pedestrian safety</u>  |
| <b>Sensory Support:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes    | List & Describe Supports:<br><u>remind to wear sunglasses, sensitive to loud noises, choose quiet activities</u>  |
| <b>Behavior Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | List & Describe Supports:<br><u>Good with verbal redirection. If upset, talk it through with her, provide break space</u>   |
| <b>Unsupervised Time:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes  | Describe Supports:<br><u>Up to 15 minutes</u>   |
| <b>Important to:</b>  | <u>to be in fun, quiet, relaxed environment</u>   |
| <b>Important for:</b>   | <u>making connections with others and making friends, trustworthy people</u>  |
| <b>Likes:</b>   | <u>Swimming, Rock Climbing, Scary movies, Video games, tattoos, shopping, animals</u>   |
| <b>Dislikes:</b>  | <u>loud noises and thunderstorms</u>  |

Staff: Renee Schmidt  
 Date: 2/16/22



Service Recipient: Megan Burns  
 Service Span: \_\_\_\_\_

**Outcomes:**

**Outcome #1:** \_\_\_\_\_  
 Summarize Steps:  
45 days

**Outcome #2:** \_\_\_\_\_  
 Summarize Steps:  
45 days

**Communication Style:**  
verbal

**Learning Style:**  
UNKNOWN New Partic

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

|   |  |
|---|--|
| <b>Allergies:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                  | List & Describe Supports:<br><u>Ibuprofen sulfa meds, erythromycin</u>   |
| <b>Seizures:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes                              | Describe Supports:<br><u>N/A</u>   |
| <b>Choking:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                    | Describe Supports:   |
| <b>Specialized Diet:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | Describe Supports:<br><u>no Grapefruit low carb Diet</u> <span style="float: right;"><u>incourage to drink water</u><br/><u>make healthy food choices</u></span>   |
| <b>Chronic Medical Conditions:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports:<br><u>sleep apnea asthma</u> <span style="float: right;">DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</span><br><u>Diverticulitis / hyperlipidemia</u> <span style="float: right;"><u>Cane</u><br/><u>vertigo</u></span> |
| <b>Medication at PAI:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | Describe Supports:<br><u>inhaler - self-reminders PRN: Anxiety med more foras</u>  |
| <b>Personal Cares:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes             | Describe Supports:   |
| <b>Mobility/Fall Risk:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes         | Describe Supports:<br><u>offer hand icy or vertigo reminder to use cane</u>  |
| <b>Community Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | Describe Supports:<br><u>staff stay with her model &amp; teach comm safety</u>   |
| <b>Sensory Support:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes                       | List & Describe Supports:<br><u>reminder to wear sunglasses</u> <span style="float: right;"><u>choose quiet activities</u><br/><u>neck pain</u><br/><u>loud noise group of people</u></span>   |
| <b>Behavior Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | List & Describe Supports:<br><u>provide break space</u><br><u>Verbal redirection upset - leave - talk with staff</u>   |
| <b>Unsupervised Time:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes          | Describe Supports:<br><u>up to 15 min</u>  |
| <b>Important to:</b>  | <u>own quiet relaxed environment funny &amp; good friend</u>   |
| <b>Important for:</b>   | <u>Trustworthy people supported interact w/ peers</u>  |
| <b>Likes:</b>   | <u>Swimming, rock climbing, movies Video games tattoos Shopping</u> <span style="float: right;"><u>200</u><br/><u>Animales</u></span>  |
| <b>Dislikes:</b>  | <u>Loud noise, thunder storms</u>  |

Staff: Nancy Snyder  
 Date: 2-15-22



Service Recipient: Megan Burns  
 Service Span: \_\_\_\_\_

Outcomes:

**Outcome #1:** \_\_\_\_\_  
 Summarize Steps:  
45 Days

**Outcome #2:** \_\_\_\_\_  
 Summarize Steps:  
45 Days

**Communication Style:**  
Verbal

**Learning Style:**  
unknown - New Participant

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

|   |   |
|---|---|
| <b>Allergies:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                  | List & Describe Supports:<br><u>ibuprofen, sulfa meds, erythromycin</u>   |
| <b>Seizures:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>                    | Describe Supports:  |
| <b>Choking:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                    | Describe Supports:<br><u>can self-manage</u>  |
| <b>Specialized Diet:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | Describe Supports:<br><u>encourage her to drink water<br/>NO grapefruit, low carb diet, help make healthy choices</u>   |
| <b>Chronic Medical Conditions:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports: <u>history of vertigo, asthma, core sometimes</u><br>DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br><u>Diverticulitis, hyperlipidemia, sleep apnea</u> |
| <b>Medication at PAI:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | Describe Supports:<br><u>inhaler - self manage, PRN - anxiety</u>   |
| <b>Personal Cares:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes             | Describe Supports:  |
| <b>Mobility/Fall Risk:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes         | Describe Supports:<br><u>offer hand, icy &amp; slippery surfaces - vertigo (suggest exercises)</u>  |
| <b>Community Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | Describe Supports:<br><u>staff assists, model &amp; teach safety</u>  |
| <b>Sensory Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes            | List & Describe Supports: <u>remind to use neck fan if hot</u><br><u>remind to wear sunglasses, sensitive to loud noises and large groups of people</u>   |
| <b>Behavior Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | List & Describe Supports: <u>provide break space</u><br><u>Good w/ verbal redirection, upset - leave situation &amp; talk thru</u>  |
| <b>Unsupervised Time:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes          | Describe Supports:<br><u>up to 15 minutes</u>   |
| <b>Important to:</b><br><u>fun, quiet, relaxed environment, funny &amp; good friends</u>                  |   |
| <b>Important for:</b><br><u>trustworthy people, supported, interact w/ peers</u>                          |   |
| <b>Likes:</b><br><u>swimming, rock climbing, movies/scary, video games, travel</u>                        |   |
| <b>Dislikes:</b><br><u>loud noises, thunderstorms,</u>  |   |

Staff: Kathryn Stein  
 Date: 2/16/22



Service Recipient: Megan Burns  
 Service Span: NEW

Outcomes:

Outcome #1: N/A NEW  
 Summarize Steps:

Outcome #2: N/A NEW  
 Summarize Steps:

Communication Style:  
Verbal

Learning Style:  
Unknown NEW participant

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

|   |   |
|---|---|
| Allergies:<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                       | List & Describe Supports:<br><u>Ibuprofen, sulfameds, Erythromycin</u>  |
| Seizures:<br><input type="checkbox"/> No <input type="checkbox"/> Yes                                   | Describe Supports:<br><u>N/A</u>  |
| Choking:<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                         | Describe Supports:  |
| Specialized Diet:<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                | Describe Supports:<br><u>NO Grapefruit, low carb diet, Assist in healthy choices, encourage water</u>   |
| Chronic Medical Conditions:<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes      | List & Describe Supports:<br><u>Diverticulitis, Hyper lipidemia, Sleep Apnea, Asthma, Vertigo</u><br><small>DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</small><br><u>uses cane sometimes for vertigo</u><br><small>History of</small> |
| Medication at PAI:<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes               | Describe Supports:<br><u>PRN for anxiety Inhaler - uses independently</u>   |
| Personal Cares:<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                  | Describe Supports:  |
| Mobility/Fall Risk:<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes              | Describe Supports: <u>IF Vertigo - suggest exercises, remind to use cane offer hand slippery surface, or experiencing vertigo</u>   |
| Community Support:<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes               | Describe Supports:<br><u>Staff stay near, Model pedestrian safety</u>   |
| Sensory Support:<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                 | List & Describe Supports: <u>Neck Fan when too hot, remind her to wear sunglasses, sensitive to loud noise and large groups - encourage to choose quiet activities</u>  |
| Behavior Support:<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                | List & Describe Supports:<br><u>verbal redirection, when upset leave situation and talk w/ her, provide break space</u>   |
| Unsupervised Time:<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes               | Describe Supports:<br><u>up to 15 minutes</u>   |
| Important to: <u>fun, quiet, relaxed environment, Funny/ Good Friends</u>                               |   |
| Important for: <u>Trustworthy people, feels supportive, interact w/ peers</u>                           |   |
| Likes: <u>swimming, rock climbing, movies/horror movies, video games, tattoos, book stores, animals</u> |   |
| Dislikes: <u>loud noises, thunderstorms</u>   |   |

Staff: Dave Jones  
 Date: 2.16.22



Service Recipient: Megan Burns  
 Service Span: \_\_\_\_\_

Outcomes:

**Outcome #1:** 45 days  
 Summarize Steps: \_\_\_\_\_

**Outcome #2:** 45 days  
 Summarize Steps: \_\_\_\_\_

**Communication Style:**  
Verbal

**Learning Style:**  
UNKNOWN - new participant.

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

|   |  |
|---|--|
| <b>Allergies:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                  | List & Describe Supports:<br><u>Ibuprofen, sulfa, erythromycin</u>   |
| <b>Seizures:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes                              | Describe Supports:<br><u>NA</u>  |
| <b>Choking:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                    | Describe Supports:   |
| <b>Specialized Diet:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | Describe Supports:<br><u>No grapefruit (low carb diet) encourage water healthy food choices</u>  |
| <b>Chronic Medical Conditions:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports:<br><u>exercise for vertigo</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br><u>Hx of Vertigo</u><br><u>Diverticulitis, Hyper-lipididemia, sleep apnea, Asthma</u> |
| <b>Medication at PAI:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | Describe Supports:<br><u>Inhaler (manages) (PRN med - needs staff support)</u>   |
| <b>Personal Cares:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes             | Describe Supports:   |
| <b>Mobility/Fall Risk:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes         | Describe Supports:<br><u>Reminders to use cane, offer her hand with icy surfaces, uneven terrain, vertigo</u>  |
| <b>Community Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | Describe Supports:<br><u>stay with Megan in community. Model &amp; teach community</u>   |
| <b>Sensory Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes            | List & Describe Supports:<br><u>Encourage her to choose quiet activities. Remind to use neck support</u><br><u>Remind her to wear sun glasses. Sensitive to loud noises &amp; people</u>                                       |
| <b>Behavior Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | List & Describe Supports:<br><u>Provide break space.</u><br><u>Use verbal direction when upset (talk through when upset)</u>   |
| <b>Unsupervised Time:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes          | Describe Supports:<br><u>Up to 15 minutes</u>  |
| <b>Important to:</b>  | <u>Fun, quiet, relaxed environment, Funny &amp; good friends</u>   |
| <b>Important for:</b>   | <u>Trustworthy people, she is supported, interact with peers</u>   |
| <b>Likes:</b>   | <u>Swimming, rock climbing, movies, video games, tattoos, spencers, animals</u>  |
| <b>Dislikes:</b>  | <u>loud noises, thunderstorms, <del>rain</del></u>   |

Staff: Zach Weinmann



Service Recipient: Megan Burns

Date: 2-16-22

Service Span: \_\_\_\_\_

Outcomes:

**Outcome #1:** \_\_\_\_\_  
Summarize Steps: \_\_\_\_\_

**Outcome #2:** \_\_\_\_\_  
Summarize Steps: \_\_\_\_\_

**Communication Style:** Verbal

**Learning Style:** unknown

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

|   |  |
|---|--|
| <b>Allergies:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                  | List & Describe Supports:<br><u>Ibuprophen, Sulfa, Erythromycin</u>  |
| <b>Seizures:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes                              | Describe Supports:<br><u>N/A</u>   |
| <b>Choking:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                    | Describe Supports:   |
| <b>Specialized Diet:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | Describe Supports:<br><u>No grapefruit Low carb Pre diabetic</u><br><u>Make healthy choices / Drink water</u>  |
| <b>Chronic Medical Conditions:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | List & Describe Supports:<br><u>Diverticulitis, Hyperlipidemia, Sleep Apnea</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br><u>Athsma, Vertigo (history of) uses cane/excercises</u> |
| <b>Medication at PAI:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | Describe Supports:<br><u>Inhaler - self managed PRN: TBD</u>   |
| <b>Personal Cares:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes             | Describe Supports:   |
| <b>Mobility/Fall Risk:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes         | Describe Supports:<br><u>offer Hand, use cane</u>  |
| <b>Community Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          | Describe Supports:<br><u>Stay w/ her Model/teach Community safety.</u>   |
| <b>Sensory Support:</b> <u>sm</u><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  | List & Describe Supports:<br><u>sensitive to loud noises/ groups of people</u><br><u>Remind to wear sunglasses, NECK fan if too hot</u>  |
| <b>Behavior Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes           | List & Describe Supports:<br><u>verbal Redirection</u><br><u>Leave situation &amp; Talk it through / Break Space</u>   |
| <b>Unsupervised Time:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes          | Describe Supports:<br><u>up to 15 mins</u>   |
| <b>Important to:</b> <u>Fun, Quiet, relaxed environ, Funny &amp; Good friends.</u>                        |  |
| <b>Important for:</b> <u>Trustworthy PPL, Supported, interact w/ peers</u>                                |  |
| <b>Likes:</b> <u>Swimming, rock climbing, Movies, Video games, Tattoos, Developing friendship</u>         |  |
| <b>Dislikes:</b> <u>Loud Noises,</u>  |  |

Staff: Anna Wrich  
 Date: 2/16/2022



Service Recipient: Megan Burns  
 Service Span: \_\_\_\_\_

**Outcomes:**

**Outcome #1:** \_\_\_\_\_  
 Summarize Steps: at 45 day

**Outcome #2:** \_\_\_\_\_  
 Summarize Steps: ↓

**Communication Style:** Verbal

**Learning Style:** unknown. New Participant

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

|  |  |
|--|--|
| <b>Allergies:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                       | List & Describe Supports:<br><u>ibuprofen, sulfa meds, erythromycin</u>  |
| <b>Seizures:</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes                                   | Describe Supports:<br><u>N/A</u>   |
| <b>Choking:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                         | Describe Supports:   |
| <b>Specialized Diet:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                | Describe Supports: <u>encourage water. NO grapefruit, Low carb diet. help make healthy choices</u>   |
| <b>Chronic Medical Conditions:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes      | List & Describe Supports: <u>diverticulitis, Hyperlipidemia, sleep apnea, Asthma, Vertigo (history) uses cane when Vertigo</u><br>DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| <b>Medication at PAI:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes               | Describe Supports:<br><u>inhaler, self manages   PRN for anxiety</u>   |
| <b>Personal Cares:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                  | Describe Supports:   |
| <b>Mobility/Fall Risk:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes              | Describe Supports: <u>offer hand. Vertigo, may need support. reminders to use cane. - if vertigo, uses exercises</u>   |
| <b>Community Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes               | Describe Supports: <u>stay w/ her. model/teach Ped. Community Safety.</u>  |
| <b>Sensory Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>neck fan</u> | List & Describe Supports: <u>reminders to wear sunglasses. encourage sensitive to loud noise / big groups. quiet activities</u>  |
| <b>Behavior Support:</b><br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                | List & Describe Supports: <u>good w/ verbal cues. if upset, leave situation talk it through. Provide a break space.</u>  |
| <b>Unsupervised Time:</b><br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes               | Describe Supports:<br><u>UP to 15 mins</u>   |
| <b>Important to:</b> <u>fun/quiet/relaxed environment. funny/good friends</u>                                  |  |
| <b>Important for:</b> <u>trustworthy people, being supported. talk w/ Peers.</u>                               |  |
| <b>Likes:</b> <u>swimming, rock climbing, movies, video games, tattoos shopping, books, goodwill. Animals</u>  |  |
| <b>Dislikes:</b> <u>Loud noise, thunder storms.</u>  |  |