

**FAR NORTHERN REGIONAL CENTER
CONFIDENTIAL CONSUMER INFORMATION**

P.O. Box 492418
Redding, CA 96049-2418
(530) 222-4791

170 Russell, Suite H
Susanville, CA 96130
(530) 257-5317

1377 East Lassen Ave
Chico, CA 95973
(530) 895-8633

All records containing consumer information shall remain confidential (WIC 4514, 4515).

Service Coordinator:

Date:

Name:

UCI #:

DOB:

Sex: M F

AGE:

SSA #:

Medi-Cal #:

Other Insurance:

Type of Admission: Respite Placement

Admission Date:

Arrival Time:

Discharge Date:

Departure Time:

Marital Status:

Religious Preference:

Diagnosis:



Height:

Weight:

Primary Language:

Ambulatory

Non Ambulatory

Legal Status:

Parent / Guardian / Conservator:

Name:

Address:

Relationship:

Home Phone:

Work Phone:

Emergency Contact:

Name:

Address:

Relationship:

Home Phone:

Work Phone:

Previous Address:

Address:

Phone:

Significant Others:

Name: Relationship:
Address: Home Phone:
Work Phone:

Name: Relationship:
Address: Home Phone:
Work Phone:

Name: Relationship:
Address: Home Phone:
Work Phone:

School / Day Program:

Name: Contact:
Address: Phone:

Schedule: Transportation provided by:

Medical:

Primary Physician: Address:
Phone:

Dentist: Address:
Phone:

Other Physician: Address:
Specialty:
Phone:

Other Physician: Address:
Specialty:
Phone:

Pharmacy: Address:
Contact:
Phone:

Date of Last Physical:

Date of last PPD (TB Test):

Medication

Dosage

Frequency

Allergies: None
 List:

Special Diet: None
 List:

Formula Type and Instructions:

Significant medical needs:

Likes, dislikes, and interests:

History of Aggressive / Dangerous Behavior:

Special equipment consumer will bring to placement / respite: