

Individual Plan of Protective Oversight - General Information

Profile Information

Individual Name *

Provider/Program Name Create Date *

Entered By * Title

Communication Abilities

Adaptive Equipment required for communication? Yes No

If yes, explain

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How does the individual communicate wants and needs? Verbal Signs Gestures

Comments

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Health Care Needs

Medication Allergies? Yes No

If yes, what

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Food Allergies? Yes No

If yes, what

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Environmental Allergies? Yes No

If yes, what

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Can the individual explain medical information to medical professionals? Yes No

Comments

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Can the individual apply simple first aid or identify their need for first aid? Yes No

Comments

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How does the individual respond to pain?

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List Special Health Care Needs. For any Special Health Care Need listed, note how staff should respond

Diabetes

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Seizures

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High Blood Pressure

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Staff to follow plan of Nursing Service/Protocol

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Specific Instructions to Staff

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Other

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List Adaptive Equipment. For each Equipment selected, note how it should be used

Wheelchair

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Cane

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Walker

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Glasses

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Hearing aids

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Splints

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Bedrails

Other

Staffing requirements for medical/dental appointments/hospitalization

Does the individual have a Do Not Resuscitate (DNR) order? Yes No

Medication

Indicate level of self-medication and type of assistance required

Indicate precautions for food/liquids (alcohol) due to certain medications

Indicate any special instructions for medication administration (crushed, with food, applesauce)

Nutrition

Any special modified diet? Yes No

If yes, what

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Any adaptive equipment needed? Yes No

If yes, what

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Type of monitoring and/or assistance needed One-on-One Pacing Therapeutic Intervention Other

Reason for monitoring and/or assistance

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To complete state specific information on GER, please use the form that applies for your state.

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Dental Care

Ability to complete all aspects of oral hygiene - include level of assistance required and any required equipment

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Dental Prosthesis Dentures Edentulous Partials Other

Comments

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Behavioral Needs

Behavior Management Program/Staff Guidelines? Yes No

Comments

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Targeted Behaviors Addressed

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Other concerns/behaviors not addressed in a BMP or staff guidelines

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Other Significant Information

Comments

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Individual Rights

Is person aware of personal rights and can protect self? Yes No

Comments

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Capable adult status for program planning? Yes No

Voting status Registered Not Registered

Ability to consent for medical procedures (may include need to be determined on an individual and case by case procedure)

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Does the individual have a legal guardian? Yes No

If yes, who

Does the individual have health care proxy? Yes No

If yes, who

SIGNATURE.....NAME.....DATE.....TIME.....am/pm

Note:- Required fields are marked with an asterisk (*)