



QUIET WATERS OUTREACH

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The information on this form is required for the safety of the participants in Quiet Waters Outreach's activities. All information disclosed in this form will remain strictly confidential.

GUEST INFORMATION FORM

GENERAL INFORMATION

Date of Application: ___ / ___ / ___ Completed By: _____

Name: _____ Age: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Place of Occupation: _____ Title of Job: _____

School: _____ Grade: _____ Phone: _____

Teacher's Name: _____

Case Manager's Name: _____ Phone: _____

Sibling Name(s) and Age(s): _____

Pet Name(s) and Type(s): _____

MEDICAL INFORMATION

Type and severity of disability: _____

ACTIVITY INFORMATION

My favorite activities, special interests, and hobbies are: _____

My least favorite activities are: _____

Things I would like to try: _____

Goals I am working towards: _____

MY FAVORITE THINGS

Please list your favorite:

Movies: _____

Music: _____

Food: _____

Games: _____

Person: _____

Dessert: _____

Clothing Items: _____

Books: _____

Drinks: _____

IMMUNIZATIONS

Please give dates for last immunizations:

_____ DTP (Diphtheria, Tetanus, Pertussis)	_____ Rubella	_____ Polio
_____ Haemophilus Influenza B	_____ Hepatitis B	_____ Hepatitis A
_____ TB Mantoux Test <i>Result</i> _____	_____ Chicken Pox	_____ Measles

SELF CARE

Toileting

I need assistance when toileting: Yes No

Please explain: _____

I use adaptive devices for toileting: Yes No

The device is: _____

I will bring device: Yes No

I need reminding with toileting: Yes No

I have wet days and/or wet nights

Comments: _____

Eating/Dental

I need assistance eating: Yes No

Please explain: _____

I use adaptive devices for eating: Yes No

The device is: _____

I will bring device: Yes No

I need dental hygiene assistance: Yes No

Please explain: _____

I wear dentures: Yes No

I choke easily: Yes No

Comments: _____

Dressing

I need assistance dressing: Yes No

Please explain: _____

Comments: _____

Hygiene

I like to shower every: _____

Please explain: _____

Comments: _____

COMMUNICATION

I communicate by: Speaking Signing Finger Spelling Eye Signals
 Communication Board Communication Book/Wallet

I hear best in my: Right Ear Left Ear

I use a hearing aid: Yes No

I am usually able to follow simple directions the first time I am told: Yes No

I may often need a direction repeated to me: Yes No

Comments: _____

MISCELLANEOUS

Please indicate if you use the following devices: Wheelchair Cane Walker

Please explain: _____

I have vision impairments: Yes No

Please explain: _____

I wear glasses: Yes No

I go to bed at _____ and awake at _____.

My bedtime routine is: _____

My morning wake up routine is: _____

Please indicate any fears of: Water Dark Animals Heights People

Other: _____

Please describe fear(s): _____

I may get homesick: Yes No

List any recent family changes (death, birth, marriage, divorce): _____

Additional Comments: _____

BEHAVIOR

I am on behavior program for: _____

Please indicate if you currently or have in the past:

Throw objects at others Pull own hair Pull others' hair Pinch/bite self

Pinch/bite others Push/shove others Expose self publicly Kick/hit others

Other: _____

List past or present sexual behavior unacceptable in public situations: _____

Has the guest ever participated in or been accused of:

being abused abusing another person

Please explain: _____

I am hyperactive: Yes No

I am prone to: Wander Run

I need to be restrained at times: Yes No

Describe procedure: _____

I require personal space of: _____

Additional Comments: _____

GROUP PARTICIPATION/BEHAVIOR

I can most successfully participate at Martha's Place when:

One staff member is responsible for four or five guests: Yes No

One staff member is responsible for three guests: Yes No

I need one-on-one assistance to participate: Yes No

I can have a roommate: Yes No

I need assistance when I become: Anxious Angry

Please list reminders, consequences, or other procedures, that can be helpful to you: _____

Do you have any problem behaviors the staff should know about? Yes No

If "yes", please specify: _____

Give an example of the problem and the methods of management that are most effective: _____

Additional Comments: _____

ADDITIONAL INFORMATION

Please write down anything else that we should know to make your stay at Martha's Place more enjoyable:

GUEST PICK-UP RELEASE

The following individuals are approved to pick me up from all Quiet Waters Outreach events:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I certify that the above information is true and complete to the best of knowledge.

Guardian/Guest Signature: _____ Date: _____

DIRECTOR'S NOTES
