Important information to know when providing services.

1. **Medication Taken**

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Purpose</th>
<th>Possible Side Effects</th>
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2. **Instructions for supporting medication:**

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. **Physical Needs** (list any illness, diagnosis, etc. the employee should be aware of when supporting the person.)

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
4. **Dietary concerns or allergies** (Note item and reaction):

_________________________________________________________________

_________________________________________________________________

5. **Important Health Needs**:

_________________________________________________________________

_________________________________________________________________

6. **Special instructions for eating or swallowing**:

_________________________________________________________________

_________________________________________________________________

7. **Note age appropriate activities and or relationships important to the person.**
   (Age appropriate refers to activities that are similar to what peers at the same age may enjoy)

_________________________________________________________________

_________________________________________________________________

8. **Things the person likes**:

_________________________________________________________________

_________________________________________________________________

9. **Physical limitations and concerns or equipment needs**: (refer to the How to Use Equipment form if needed)

_________________________________________________________________

_________________________________________________________________

10. **Discuss how the person’s preferred recreational and leisure activities can be developed?** (This may be included on the Support Strategy)

_________________________________________________________________