

**CONSUMERS PROFILE FORM**

Start Date: 1/18/12

Name: Moises Rodriguez

AKA/Nickname:

D.O.B. 12/1/1989

UCI# 1975954

Soc. Sec.#:

Marital Status: Single

Legal Status: Conserved

Gender: Male

Language(s): English/Spanish

**RESIDENTIAL PLACEMENT INFORMATION**

Facility Name: Home w/ parents

Address: 302 Conlon Ave

City: La Punete

State: CA

Zip Code: 91744

Phone#: 626-369-6827

Fax#:

Contact Person(s) &amp; Alternate Phone #'s:

Reyna: 626-277-5821

Jose: 626-774-4146

**LEGAL / OTHER REPRESENTATIVE**

Elvia Rodriguez

Address: same as above

City:

State:

Zip Code:

Phone: 626-543-5953

work# 626-369-6827

Alternate Contact Name:

ADDRESS:

**REGIONAL CENTER INFORMATION**

Name: San Gabriel Pomona Regional Center

Address: 75 Rancho Camino Dr

City: Pomona

State: CA

Zip Code: 91768

Phone#: 909-620-7722

Fax: 909-620-7372

Service Coordinator: Glendi Hernandez

Direct Phone # or Ext. ghernandez@sgprc.org

**MEDICAL HISTORY**

Allergies? NKA

Health Plan? None

Hearing Impairment? No

Seizures? No

Visual Impairment? No

Uses Wheelchair or Walker? No

**MEDICATION***Please refer to the attach documents***PHYSICAL DESCRIPTION**

Height: 5'6"

Weight: 259 lbs

Eyes: Brown

Hair: Brown / Shaved

**DOCTOR'S INFORMATION**

Name: Caroline L Aventura (Primary)

Address: 1300 S. Sunset Ave.

City: West Covina, CA, 91790

Phone: (626) 960-6999

Name: Dr. Hilo (Dentist)

Address: N/A

City: N/A

Phone: N/A

Name: N/A (Psyc)

Address: N/A

City: N/A

Phone: N/A

Name: Dr. Banner (Neurologist)

Address: 1740 W. Cameron Ave. Ste #110

City: West Covina, CA 91790

Phone: N/A

**BEHAVIORAL CONCERNS**

Assaultive? Yes

Elopement? Yes

Property Destruction? Yes

Self-Injurious? Yes

**ISP GOALS / OBJECTIVES**

1. SIB

2. Noncompliance

3. Elopement

7/26/18 MA

