CONSUMERS PROFILE FORM    Start Date: 1/18/12	
Name: Moises Rodriguez  NACA/Nickname:  D.O.B. 12/1/1989  D.O.B. 1	
Name: Moises Rodriguez  NKA/Nickname:  D.O.B. 12/1/1989  Marital Status: Single  Legal Status: Conserved  Pender: 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  PHYSICAL DESCRIPTION  Phyone#: 626-369-6827  Fax#:  Height: 5'6'  Weight: 259 lbs  Eyes: Brown  Hair: Brown / Shaved  Contact Person(s) & Alternate Phone #'s:  Reyna: 626-277-5821  Jose: 626-277-4146	
D.O.B. 12/1/1989  D.O.B. 12/1989  D.O.B. 12/	
Address: 302 Conlon Ave  Sity: La Punete State: CA Sity: Code: 91744 Height: 5'6' Weight: 259 lbs Eyes: Brown Hair: Brown / Shaved Contact Person(s) & Alternate Phone #'s: Reyna: 626-277-5821 Secyna: 626-277-4-4146  DOCTOR'S INFORMATION	
Marital Status: Single Legal Status: Conserved  Gender: Male Language(s): English/Spanish  RESIDENTIAL PLACEMENT INFORMATION  Pacility Name: Home w/ parents  Address: 302 Conlon Ave  City: La Punete State: CA Zip Code: 91744  Phone#: 626-369-6827 Fax#: Height: 5'6" Weight: 259 lbs  Contact Person(s) & Alternate Phone #'s:  Reyna: 626-277-5821  Jose: 626-774-4146  DOCTOR'S INFORMATION	
Agrital Status: Single Legal Status: Conserved  Bender: Male Language(s): English/Spanish  RESIDENTIAL PLACEMENT INFORMATION  Cacillity Name: Home w/ parents  Address: 302 Conlon Ave  City: La Punete State: CA Zip Code: 91744  PHYSICAL DESCRIPTION  Weight: 259 lbs  Physical Description  Weight: 259 lbs  Eyes: Brown Hair: Brown / Shaved  Doctors: 626-277-5821  Ose: 626-277-5821  Ose: 626-774-4146  DOCTOR'S INFORMATION	
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Reyna: 626-277-5821 ose: 626-774-4146  DOCTOR'S INFORMATION	
Jose: 626-774-4146  DOCTOR'S INFORMATION	
LEGAL / OTHER REPRESENTATIVE Address: 1300 S. Sunset Ave.	
Clvia Rodriguez City: West Covina, CA, 91790	
Address: same as above Phone: (626) 960-6999	
State: Zip Code: Name: Dr. Hilo (Dentist)	
Phone: 626-543-5953 work# 626-369-6827 Address: N/A	
City: N/A	
Alternate Contact Name: Phone: N/A	
ADDRESS: Name: N/A (Psyc)	
Address: N/A	
REGIONAL CENTER INFORMATION  City: N/A	
Name: San Gabriel Pomona Regional Center Address: 75 Rancho Camino Dr	
Name: Dr. Banner (Neurologist)	
City: Pomona State: CA Zip Code: 91768 Address: 1740 W. Cameron Ave. Ste #110	
Phone#: 909-620-7722 Fax: 909-620-7372 City: West Covina, CA 91790	
Phone: N/A	
Service Coordinator: Glendi Hernandez	
Direct Phone # or Ext. ghernandez@sgprc.org	
MEDICAL HISTORY  Assaultive? Yes  Elopement? Yes	
Illergies? NKA Health Plan? None Property Destruction? Yes	
learing Impairment? No Seizures? No Self-Injurious? Yes	
isual Impairment? No  ISP GOALS / OBJECTIVES	
Ses Wheelchair or Walker? No  1. SIB  MEDICATION  2. Noncompliance	
Please refer to the attach documents  3. Elopement	
7/26/18 MA	
7/20/16 MIX	