

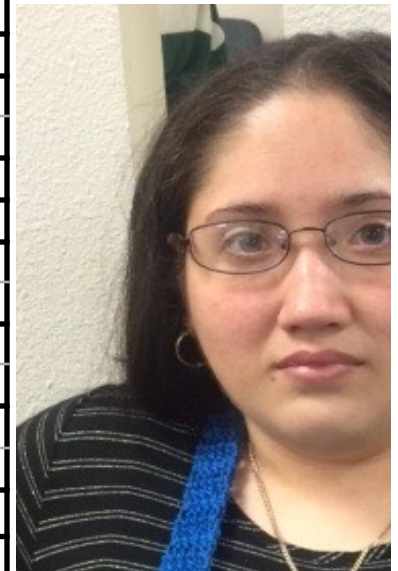


P.A.L.S. Behavior Management Day Program

CLIENT PROFILE SHEET

Start Date:

Name: Marisol Ayala			
AKA/Nickname:		D.O.B. 01/29/1991	
UCI# 6632687		Soc. Sec.#:	
Medi-Cal#:		Medi-Care#:	
Other Health Insurance:			
Marital Status: Single		Legal Status: Non-Conserved	
Gender: Female		Language(s): English/Spanish	



Residential Placement Information

Facility: Family Home			
Address: 1933 Fitzgerald Rd.			

City: Simi Valley	State: Ca.	Zip Code: 93065
Phone: 805-551-2010	Fax:	

Physical Description

Height: 61"	
Eyes: Brown	

Rocio Amezcua (Mom) Cell: 805-222-1212

Work: 805-532-2800

Diagnosis

Moderate Intellectual Disability

Spina Bifida, Meningomyelocele

Legal/Other Representative

Name: N/A			
Address:			

Doctor's Information

City:	State: Ca.	Zip Code:
Phone:		Work:

Name: Clinicas Del Camino Real

Address: 1424 Madera Rd.

City: Simi Valley

Phone: 805-522-5722

Phone:	
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Name:

Regional Center Information

Address:

Tri Counties Regional Center			
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City:

Address: 2635 Park Center Drive, Suite A			
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Phone:

City: Simi Valley	State: Ca.	Zip Code: 93065
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Name:

Phone: (805) 522-8030	Fax: (805) 522-8142
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Address:

Service Coordinator: Donna Crawford			
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City:

Phone: 805-539-2504			
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Phone:

Medical History

Address:

Communicable Condition: N

City:

Hearing Impairment: N

Visual Impairment: Y/ Glasses

Phone:

Allergies: Y/ See P.2

Seizures: N

Behavioral Information

Uses Wheelchair or Walker: Y/ Wheelchair			Assaultive: N
Additional Comments:			Property Destruction: N
Diet: Regular			Substance Abuse: N
Encourage plenty of water			Program ISP Goals:
			*See PALS Protocol
Revised: 9/13/17			
Medical Precautions			
Allergic to Latex, Vancomycin and Septra			
Prone to frequent UTI's			
Marisol may use a cathater for toileting, which she can use independently.			
Medication		Dosage	Frequency
Keflex		500mg Capsule	N/A
Miralax		N/A	N/A

Elopement: N				
Self-injurious: N				
AWOL: N				
Purposes & Objectives				
Progress Report*				
Purpose				
N/A				
N/A				

