

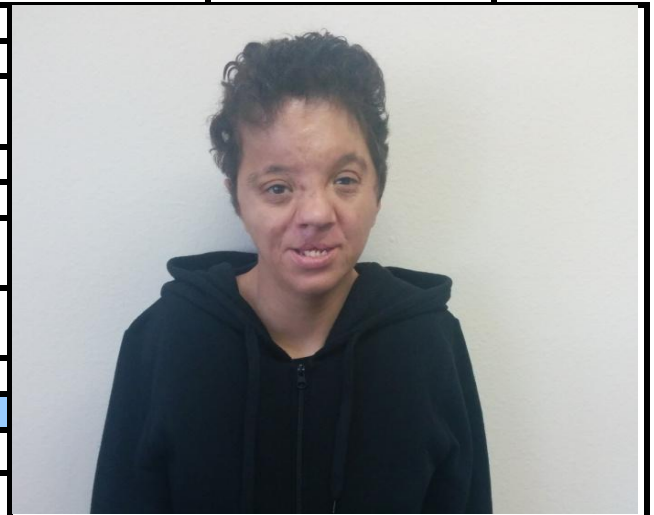


P.A.L.S. BEHAVIOR MANAGEMENT DAY PROGRAM

CLIENT PROFILE SHEET

Start Date: 5/03/2010

| | | |
|---|----------------------|-----------------------------|
| Name: Erika Martinez | | |
| AKA/Nickname: | | D.O.B.: 2/16/1977 |
| UCI# 7304105 | | Soc. Sec.#: |
| Medi-Cal#: | Medi-Care#: | |
| Other Health Insurance: | | |
| Marital Status: Single | | Legal Status: Non-Conserved |
| Gender: Female | | Language(s): English |
| Residential Placement Information | | |
| Facility Name: Independent Living | | |
| Address: 150 N Soto St #219 | | |
| City: Los Angeles | State: Ca. | Zip Code: 90032 |
| Phone: 323-915-8151 | | Fax: |
| Erika (cell) 323-378-7475 | | |
| Contact Person(s) & Alternate Phone #'s: | | |
| Shayla (ILS Staff) cell 562-395-2879 | | |
| Esperanza Office: Beatriz Serrano 626-457-524 | | |
| Legal/Other Representative | | |
| Name: | | |
| Address: | | |
| City: | State: CA | Zip Code: |
| Phone: | | Work#: |
| Alternate Contact Name: N/A | | |
| Phone# | | |
| Regional Center Information | | |
| Eastern Los Angeles Regional Center | | |
| Address: 1000 E. Freemont Ave. | | |
| City: Alhambra | State: CA | Zip Code: 90802 |
| Phone: 626-299-4700 | Fax: 626-299-4672 | |
| Service Coordinator: Monica Fonseca | | |
| Direct Phone: 626-299-4618 | | |
| Medical History | | |
| Communicable Condition: N | | |
| Hearing Impairment: Y | Visual Impairment: Y | |
| Allergies: N | Seizures: N | |
| Additional Comments: | | |
| Diet: | | |
| Regular | | |



| | |
|---|-------------------|
| Physical Description | |
| Height: 60 in | Weight: 106 lbs |
| Eyes: Brown | Hair: Black |
| Diagnosis Information | |
| Mild Intellectual Disability | |
| Expressive Language Disorder | |
| Doctor's Information | |
| Name: Dr Dale Mascari (Primary Physician) | |
| Address: 5306 N Figueroa St | |
| City: Los Angeles CA 90042 | |
| Phone: 323-254-5221 | |
| Name: | |
| Address: | |
| City: | |
| Phone: | |
| Name: | |
| Address: | |
| City: | |
| Phone: | |
| Name: | |
| Address: | |
| Phone: | |
| Behavioral Concerns | |
| Assaultive: N | Elopement: N |
| Property Destruction: N | Self-Injurious: N |
| Program ISP Goals & Objectives | |
| *See PALS Progress Report* | |

| Medical Precautions | | | |
|---------------------|--------|-------------|-----------|
| Gallstones | | | |
| Anemia | | | |
| | | | |
| Medication | | | |
| Meds updates 6/4/18 | | | |
| Medication | Dosage | Frequency | Purpose |
| Zyrtec | 10mg | 1 tab daily | Allergies |
| | | | |