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

CLIENT PROFILE SHEET

Start Date: 3/17/2014

Name:Kenneth Tengan

AKA/Nickname: | DOB: 11/30/1972

UCI#: 7604377 | Soc. Sec.#:

Medi-Cal#: | Medi-Care#:

Other Health Insurance:

Marital Status: S | Legal Status: Non - Conserved

Gender: M | Language(s): English

Residential Placement Information

Facility Name: Millmont Home

Address: 1118 E. Millmont Street

City: Carson | CA: | Zip Code: 90746

Phone#: (310) 631-1952 | Fax#: ()

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

Gary: (310) 918-1697 [Administrator]

Diane Tengan: (562)857-9449 [Mother]

Legal/Other Representative

Name: Diane Tengan

Address:

City: | State: CA | Zip Code:

Phone: (310)-857-9449 | Home: (310)532-0447 | Work#:

Alternate Contact Name: N/A

Phone#

Regional Center Information

Name: SCLARC

Address: 650 W Adams Blvd #200

City: Los Angeles | State: CA | Zip Code: 90007

Phone#: (213)744-7000 | Fax: 213-744-7074

Service Coordinator: Juliana Hernandez

Direct Phone #: (213)744-8477 Fax: (213) 744-7074

Medical History

Communicable Condition: Y

Hearing Impairment: N | Visual Impairment: N

Allergies: Y | Seizures: Y

Uses Wheelchair or Walker: N

Additional Comments:

** Allergic to seafood, cheese, and nuts*

Physical Description

Height: 62 inches | Weight: 132

Eyes: Brown/ Black | Hair: Black

Diagnosis Information

Moderate Intellectual Disability

Doctor's Information

Name:Dr. Casabar (Physician)

Address: 6017 Atlantic Blvd.

City: Maywood, CA 90270

Phone: (323)560-8880

Name: Rancho Los Amigos

Address: 7601 E Imperial Hwy

City: Downey, CA 90241

Phone: (310)515-0677

Name: Dr. Alireza Pakkar(Psychiatrist)

Address: 10921 Wilshire Blvd Suite 412 A

City: Los Angeles, CA 90024

Phone:

Name:

Address:

Phone:

Behavioral Concerns

Assaultive: Yes | Elopement: Y

Property Destruction: Yes | Self-Injurious

* See back for meal time guidelines.	Program ISP Goals & Objectives
	Decrease Protesting Behavior
	Decrease Aggressive Behavior
	Decrease Property Destruction
4/16/14	Decrease Elopement.

Medical Precautions

Medical history includes:

Asthma, Eczema, Strabismus

Allergies to Shellfish and Nuts

Meal Time Guideline

1. Staff with CPR and FIRST AID certification will be physically present within arm's reach of consumer at all time while ea

2. Staff will maintain visual line of sight of consumer 's face at all time while eating.

3. Staff will provide verbal prompts for the consumer "take bite, put the fork down and chew".

4. Staff will encourage the consumer to take a small drink of liquid after 3 to 4 bites of food.

5. Staff with limit the portion size of food on the plate at all times. A consumer can have their full meal portion pro
3 servings.

6. Cut food up into 4 pieces, if necessary place one piece of food on the plate at the time.

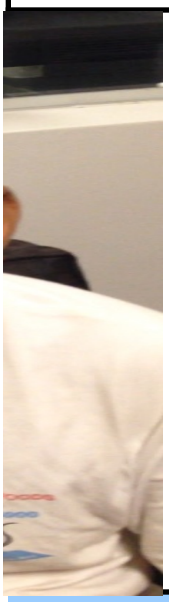
7. Use teaspoons and small size fork to minimize over stuffing.

8. Make sure you have any special eating utensils or materials required for the consumer before beginning feeding.

Medication

Medication	Dosage	Frequency	Pur
Fluoxetine	20 mg	QPM	Depr
Trazadone	300 mg	QPM	Psych
Hydroyzine	25 mg	PRN	Itching/

				4/16/14					



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