

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

CLIENT PROFILE SHEET

Start Date: 12/01/15

Name: Arthur Day			No least and the Color of the	
AKA/Nickname: D.O.B. 12/16/92				
UCI# 6855594	Soc. Sec.#:			
Medi-Cal#:	Medi-Care#:			
Other Health Insurance:			4	
Marital Status: Single Legal Status: Conserved				
Gender: Male Language(s): English				
Residential Placement Information				
Family Home (Grandparents)				
Address: 10871 Cornish Ave.				
City: Lynwood	State: Ca.	Zip Code: 90262	Physical Description	
Phone: 310-635-1515	Fax:	•	Height: 62''	Weight: 222 lbs
Tyesha Esparza(mom/conservator)J	oann(G-mother/conservat	or)310-291-4223	Eyes: Black	Hair: Black
Contact Person(s) & Alternate Phone:			Diagnosis Information	
Patrick Esparza (stepfather) 310-406-7156			Autism	
Paul Berzat (G father) 310-597-5536			Obsessive Compulsive Disorder	
Legal/C	Other Representative	e	Atypical Depressive Disorder, Generalized Anxiety	
Name: N/A			Doctor's Information	
Address:			Name: Dr. James Zamora (primary physician)	
City:	State: Ca.	Zip Code:	Address: 9333 Imperial H	wy
Phone:	•	Work:	City: Downey Ca. 90242	
			Phone: 562-657-9000	
Phone:			Name: Dr. Maureen Saunders (psychiatrist)	
Regional Center Information			Address: 11525 Brookshire Rd.	
South Central Los Angeles Regional Center			City: Downey Ca. 90241	
Address: 2500 S. Western Av	⁄е .		Phone: 562-461-3000	
City: Los Angeles	City: Ca.	Zip Code: 90018	Name: Dr. Peter (dentist)	
Phone: 213-744-7000	Fax:		Address: 11542 Downey Ave.	
Service Coordinator: Jenay Evans			City: Downey Ca. 90241	
Phone: 417-313-6261			Phone: 562-861-0985	
Medical History			Address:	
Commu	nicable Condition: N	V	City:	
Hearing Impairment: N	Visual In	npairment: N	Phone:	
Allergies: N	Seiz	zures: N	Behavioral Concerns	
Uses Wheelchair or Walker: N			Assaultive: N	Elopement: N
Additional Comments:			Property Destruction: N	Self-injurious: N
Diet: Regular			Substance Abuse: N	AWOL: N
Eats rapidly, discourage sweets			Program ISP G	oals & Objectives
Non-verbal/whispers, Uses gestures only			*See PALS Progress Report*	

Non-verbal/whispe	rs, Uses gestures only		
Requires close supervisi	on when in the community		
Supervision at all times due	e to low cognitive functioning		
	Revised 3/	/19/19	
	Medical Pre	cautions	
N	ose bleeds in warm weather, plea	ase allow to sit next to window	
	Sensitive to nois	se and chaos	
	Socially with	hdrawn	
	Meds updated 3	3/19/19	
Medication	Dosage	Frequency	Purpose
Clotrimzole	1%	As needed	Fungas
Lisinopril	10-12.5	QD	Water pill
Chlorhexidine	4%	Not indicated in reports	Fight bacteria
Citalopran	10mg	TID	Depression
Ranitindine	150mg	Not indicated in reports	Not indicated in report