

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

CLIENT PROFILE SHEET

Start Date: 7

Name: Michelle Dodwell

AKA/Nickname:

D.O.B.: 6/5/63

UCI# 7601207

Soc. Sec.#:

Medi-Cal#:

Medi-Care#:

Other Health Insurance:

Marital Status: S

Legal Status: Non-Conserved

Gender: F

Language(s): English

Residential Placement Information

Facility Name: Crisp Residential

Address: 13120 Casimir Dr.

City: Gardena

State: CA

Zip Code: 90249

Phone#: (310) 515-2203

Fax#: (323)696-0707

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

Clarice Crisp (323) 363-5805 [Administrator]

Dack Transportation (310) 283-6640 [Transportation]

Legal/Other Representative

Name: N/A

Address:

City:

State: CA

Zip Code:

Phone:

Work#:

Alternate Contact Name: N/A

Phone#

Regional Center Information

Name: Westside Regional Center

Address: 5901 Green Valley Circle Ste. 320

City: Culver City

State: CA

Zip Code: 90023

Phone#: (310) 258-4000

Fax:(310) 649-1024

Service Coordinator: Elise Byous-Perkins

Direct Phone #: (310) 258-4146

Medical History

Communicable Condition: N

Hearing Impairment: N

Visual Impairment: N

Allergies: N

Seizures: Y

Uses Wheelchair or Walker: No

Additional Comments:

**History of habitual lying.*

Physical De

Height: 65"

Eyes: Light Brown

Diagnosis Inf

Moderate ID, Cerebral I

Seizure Disorder, Genaral

with Obsessive Comp

Doctor's Inf

Name: Hillcrest Medical (Primar

Address: 511 Hillcrest Ave.

City: Inglewood, CA 90301

Phone: (310) 672-9000

Name: Dr. Adams (Dentist)

Address: 5220 W. Washington Bl

City: Los Angeles CA

Phone: (323) 933-5641

Name: Dr. Michael Tolwin (Psyc

Address: 3831 Hughes Ave. #500

City: Culver City CA

Phone:(310) 280-9670

Name:

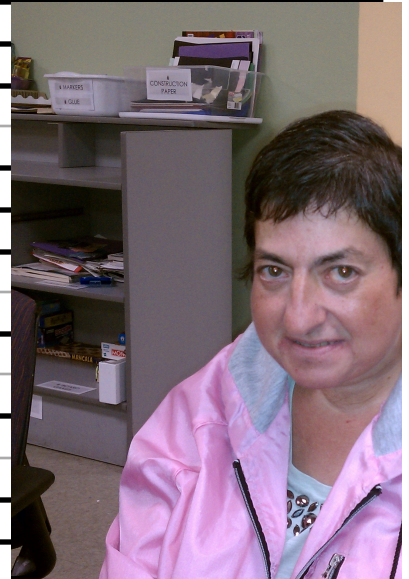
Address:

Phone:


Behavioral C

Assaultive: N

Property Destruction: N



*Regular Diet					Program ISP Goal
*See back for meal time guidelines.					Decrease Inappropriate Social B
*Recieves the following medication at day program:					Decrease manipulative/fabricati
Depakote	500mg @ Noon				Decrease Resistive behavior.
Revised 10/14/2014					
Medical Precautions					
Medical history includes:					
Mixed Partial Seizure Disorder, Cerepal Palsy, and Generalized Anxiety Disorder					
Meal Time Guideline					
<ol style="list-style-type: none"> 1. Staff with CPR and FIRST AID certification will be physically present within arm's reach of consumer at all time while e 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 prov 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		Dosage			Frequency
Tri- Sprintec		1 tab			QD
Divalproex Sodium		500 mg			QD
Primidone		250 mg			QD
Carbamezepine		200 mg			BID
Vitamin B-6		200 mg			QD
Ferrous Sulfate		325mg			QD
Nasonex		50 MCG/INH			2 Spray
Fluoxetine		20 mg			QD
		Revised 10/14/2014			

7/19/10					
					
Description					
Weight: 190 lbs.					
Hair: Blk/Wht					
Information					
Palsy, Partial Mixed					
ized Anxiety Disorder					
ulsive Symptoms					
Information					
ry)					
lvd.					
hiatrist)					
5					
Concerns					
Elopement: N					
Self-Injurious: N					

s & Objectives						
oundaries.						
ive behavior.						
eating.						
vided in 2 or 3 servings.						
Purpose						
Birth Control						
Seizures						
Seizures						
Seizures						
Supplement						
Supplement						
Nasal Congestions						
Behaviors						

