

DATE:

PERSONAL INFORMATION			
First Name	Middle Name	Last Name	
Preferred Names	Date of Birth	Gender	
Height	Weight	Hair Colour	
Eye Colour	Personal Health Number	Social Insurance Number	
CONTACT INFORMATION			
Address			
City	Province	Postal Code	
Phone Number		Alternate Number	
Emergency Contact	Relationship	Phone Number	Alternate Number
Emergency Contact	Relationship	Phone Number	Alternate Number
LIVING SITUATION			
CULTURAL BACKGROUND			
i.e. religion, beliefs, traditions/practices, language spoken, etc.			
DECISION MAKING			
COMMUNICATION SUPPORT			

CURRENT MEDICATIONS				
Medication	Dosages	Times taken	Uses	How to take these medications
PERTINENT HEALTH ISSUES				
Allergies				
Diagnosis				
Behavioural				
Psychiatric Diagnosis				
Mobility Aids				
Diet/Nutrition (attach mealtime guidelines)				
SPECIAL CONSIDERATIONS				
Feeding/Eating Support				
Personal Hygiene & Oral Care Support				
Skin Care				
Sleep Patterns				

<b>Bladder &amp; Bowel Function</b>
<b>Safety Requirement</b>
<b>Daily Living Support</b>

<b>CIRCLE OF NATURAL SAFEGUARDS</b>
<p>Examples of description of relationship/involvement in person’s life</p> <ul style="list-style-type: none"> <li>• Mother-mom visits her at home once a month. Meet mom for dinner at the pantry every Saturday. Spend overnights at her mom’s house once every 6 weeks, etc</li> <li>• Mary- friend- gets together once a month. Make arrangement through phone call (dinner out or theatre, or bingo ay Mary’s house, Mary over for tea, etc)</li> </ul>

<b>FAMILY</b>		
<b>Name</b>	<b>Description of relationship/involvement in person’s life</b>	
<b>Address</b>	<b>Phone Number</b>	<b>Email</b>
<b>Name</b>	<b>Description of relationship/involvement in person’s life</b>	
<b>Address</b>	<b>Phone Number</b>	<b>Email</b>
<b>Name</b>	<b>Description of relationship/involvement in person’s life</b>	
<b>Address</b>	<b>Phone Number</b>	<b>Email</b>
<b>Name</b>	<b>Description of relationship/involvement in person’s life</b>	
<b>Address</b>	<b>Phone Number</b>	<b>Email</b>
<b>Name</b>	<b>Description of relationship/involvement in person’s life</b>	
<b>Address</b>	<b>Phone Number</b>	<b>Email</b>

FRIENDS		
Name	Description of relationship/involvement in person's life	
Address	Phone Number	Email
Name	Description of relationship/involvement in person's life	
Address	Phone Number	Email
Name	Description of relationship/involvement in person's life	
Address	Phone Number	Email
Name	Description of relationship/involvement in person's life	
Address	Phone Number	Email
Name	Description of relationship/involvement in person's life	
Address	Phone Number	Email

SERVICE PROVIDERS		
Name	Description of relationship/involvement in person's life	
Address	Phone Number	Email
Name	Description of relationship/involvement in person's life	
Address	Phone Number	Email
Name	Description of relationship/involvement in person's life	
Address	Phone Number	Email

**LIFE SHARING NETWORK INDIVIDUAL FACT SHEET**

**BACI**

<b>Name</b>	<b>Description of relationship/involvement in person's life</b>	
<b>Address</b>	<b>Phone Number</b>	<b>Email</b>

<b>COMMUNITY MEMBERS OR ACQUAINTANCES</b> i.e. class instructor, co- worker, grocery store clerk, employer, volunteer supervisor		
<b>Name</b>	<b>Description of relationship/involvement in person's life</b>	
<b>Address</b>	<b>Phone Number</b>	<b>Email</b>
<b>Name</b>	<b>Description of relationship/involvement in person's life</b>	
<b>Address</b>	<b>Phone Number</b>	<b>Email</b>
<b>Name</b>	<b>Description of relationship/involvement in person's life</b>	
<b>Address</b>	<b>Phone Number</b>	<b>Email</b>
<b>Name</b>	<b>Description of relationship/involvement in person's life</b>	
<b>Address</b>	<b>Phone Number</b>	<b>Email</b>

Please skip this section if there is already Health Care Plan (HCP) in Place. Attach HCP to this fact sheet.

<b>HEALTH CARE PROVIDERS</b> i.e. doctor, pharmacy, dentist, specialist, podiatrist, optometrists, dietician, nurse, OT, PT, neurologist				
<b>Service Area</b>	<b>Name</b>	<b>Address</b>	<b>Phone Number</b>	<b>Fax Number</b>