

Face Sheet

1. Individual Name:	2. Phone:	3. Date of Birth Age:	4. Medicaid #:	
5. Individual Address:	6. Principal Diagnosis:	7. Physicians: (include name and phone number)		
8. Pertinent Past and Present Medical History (include: surgeries, hospitalizations, etc.) Food Allergies: Diet:	9. Activity Level:	10. Safety Measures:	11. Equipment:	
12. Treatment Record:	13. Family/Other Back Up Persons: (Include Names and Phone Numbers)			
14. Service and Support Administrator: (Name and Phone number with extension)				
15. Marital Status:	Sex:	Race:		
16. Medications – List all medications that the Individual takes on the back of this form and update the list as needed. 17. DRUG ALLERGIES:				
18. Code Status:	Advance Directives: YES NO			

Instructions for completing Face Sheet

Update Face Sheet following any change in condition, birthday, or addition of new diagnosis or medications.

- Section 1: Write Individuals Name
- Section 2: Individuals Phone Number
- Section 3: Individuals Date of Birth and current age of the individual
- Section 4: Individuals Medicaid Number
- Section 5: Individuals Address
- Section 6: Principal Diagnosis (List all known Diagnosis for the individual)
- Section 7: List all Physician's that provide care for the Individual
- Section 8: List all known surgeries, hospitalizations (be as specific as you can). List any food allergies and the diet ordered by physician.
- Section 9: Activity Level – This level is things like: (up as tolerated, up in wheelchair for 2 hours in AM and PM). These may be limitations as to what the Individual is able to do physically.
- Section 10: Safety Measures – These are things that the Individual may need to remain safe, (Ex: seatbelt when up in wheel chair, bed rails up when in bed, Emergency Response system within reach)
- Section 11: Equipment – This is the type of equipment that is used by the Individual. (Ex: type of wheelchair, hoier lift, bedside commode, transfer bench or board, braces, supports, etc...)
- Section 12: Treatment Record – List any skilled nursing services, therapy services
- Section 13: List the individual's here that may be utilized as a backup in the event that you are another person cannot work their scheduled shift.
- Section 14: Put the name and phone number, with extension, of the Service and Support Administrator
- Section 15: List the individual's marital status, sex, and race.
- Section 16: Medications – List all medications that the Individual takes on the back of this form and update the list as needed. When a medication is discontinued, write the date out to the right side of it and put the initials D/C for discontinued.
- Section 17: List drug allergies
- Section 18: List the code status. Circle whether the individual has executed Advance Directives concerning their health care interventions during times of crisis.