

PERSONAL IDENTIFICATION INFORMATION (PIF)

Name: _____ Sex: _____ Date of Birth: _____ WT: _____ HT: _____

Date Prepared: _____ Plan Author: _____

IDENTIFYING INFORMATION

Residence: _____

Type (check one): GH ADH CDH IDLA Own/ or Family Home

How long with Agency (years/months): _____ Ratio (staff:members): _____

Day/Work Program: _____

How long at Program (years/months): _____ Ratio (staff:members): _____

Other: _____

DIAGNOSIS

Behavioral Health (Clinical Disorders, Sleep Disorders, Autism): _____ Developmental disabilities:

	Yes	No
Disability: Epilepsy Cerebral Palsy Autism Cognitive		
Level of cognitive disability: Mild Moderate Severe Profound		

Medical conditions: _____

MOST RECENT

Quarterly Med Review Date: _____ AIMS Screen Score and Date
(Date and numeric score of AIMS test): _____

Second Level Med Review Date and Results
(If team has requested a 2nd opinion from DDD medical director regarding medications): _____

Psychiatric Provider/Agency: _____

No Guardian / Guardian: _____ Relationship: _____

COMMUNICATION / SPEECH

Expressive Speech (vocabulary): Extensive Moderate Minimal Non-Verbal

Receptive Language: Excellent Moderate Minimal

Other Language Skills: Sign Language Gestures Pointing Augmentative Communication Device/Board

Primary or Other Language(s): _____

ADAPTIVE EQUIPMENT

None Wheelchair Walker Helmet (for a medical purpose, not behavioral) Prescription (RX)

Other: _____

SAFETY SKILLS

No assistance needed in community Has bus skills Has alone time / page no. _____

Needs assistance/Supervision at home Needs assistance/Supervision in community

Other: _____

TOPICS FOR REVIEW

Behavior Modifying Medication Forced Compliance – page no. _____ Response Cost – page no. _____
 Rights Restriction – page no. _____ Protective Device – page no. _____ Other – page no. _____

*For any topic checked above **other than behavior medication**, list the page number, and explain in BTP section “Other components for PRC consideration”*

PSYCHOTROPIC MEDICATIONS

Medication	Dosage	Schedule	Diagnosis / Purpose

ADDITIONAL NOTES

North:
DDNorthPRC@azdes.gov

South:
DDDD2PRC@azdes.gov

East:
DDDEastRegionPRC@azdes.gov

Central:
DDCentralRegionPRC@azdes.gov

West:
DDWESTPRC@azdes.gov