

Jonathan Doe

“Jonny”

Communicates by:

Yes: Hand raise No: Low-pitch moan
Joy/Happiness: High-pitch noises, kicking legs
Pain/Discomfort: Low-pitch moan

Sensory Problems:

Hearing is very sensitive
Poor eyesight – Left eye sees best

Sensitivities/Triggers:

Bright lights
Loud noises

Behaviors:

Thumb biting – Remind “out of the mouth,” use rubber biter
Head banging – Hug, give space

Activity/Mobility:

1-2 person pivot transfer or Hoyer lift
Uses wheelchair

BM/Voiding Patterns:

Daily soft stools
Incontinent of urine and BM, wears depends

Sleep Challenges:

9 pm in bed, 5 am up
Risk for seizures during night

Eating/Swallowing Issues

Nectar thickened liquids
Mechanical soft food

Preferences

Drinks: loves grape juice, hates milk
Food: prefers pasta, refuses cottage cheese

Food Allergies:

Peanuts

Jonny's Contact List

First Contact

Jane Johnson (House Manager): (608)555-1234

Second Contact

James Doe (Brother/Power of Attorney): (608)555-1235

Third Contact

Betty and Bert Doe (Parents): (608)555-2468

Fourth Contact

Martin Johnson (Family Friend): (608)555-3691