Registration form
La maison de répit La Ressource

1. PARTICIPANT IDENTIFICATION

First name, Last name :	**Gender :** ☐ Female ☐ Male ☐ Other	**Date of birth** *YYYY/MM/DD :*
Participant's address :		**Code Postal :**
No. Health insurance :	**Expiration date :**	**Language :** ☐ French ☐ English ☐ Other, give details
Diagnostic : ☐ **ID** ☐ **ASD** ☐ **Trisomy 21**	**Level :**	**Other, give details :**
☐ **Verbal** ☐ **Gestural** ☐ **Pictogram** ☐ **LSQ**	**Other means of communication, specify :**	
The participant responds to his or her name : ○ Yes ○ No	**The participant responds to simple instructions :** ○ Yes ○ No	**Other, specify** :

Paratransit	
User nember :	**Accompanied :** ○ Yes ○ No

2. NAME AND CONTACT INFORMATION OF PERSON WHO CAN CONSENT TO CARE

First name, last name :	**Telephone number :**
Address :	**Postal Code :**
E-mail :	
Link with the participant :	**2nd Telephone number :**

3. NAMES AND CONTACT INFORMATION OF PEOPLE TO CONTACT IN CASE OF EMERGENCY

First name, last name :	**Telephone number :**
Link:	**2nd Telephone number:**

First name, last name :	**Telephone number :**
Link:	**2nd Telephone number :**

Condition not accepted: Behavioral disorder, aggressiveness (hits, pushes, bites, scratches, violence towards others,running away, self-mutilation, throwing objects, insulin, enteral nutrition.

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4. IDENTIFICATION OF STAKEHOLDERS

First name, Last name :	**Telephone number :**	☐ SP ☐ SW (social worker) **Other, give details :**
☐ CRDITED ☐ CLSC ☐ Teacher	**Other, give details :**	

First name, Last name :	**Telephone number :**	☐ YOUR ☐ TS **Other, give details :**
☐ CRDITED ☐ CLSC ☐ Teacher	**Other, give details :**	

5. L'ÉTAT DE SANTÉ PHYSIQUE ET MENTALE

Diagnosis(s) having a significant impact on respite:	
Allergies :	○ Yes ○ No
	Specify :
Temper tantrum:	○ Yes ○ No
	Specify :
Anxiety :	○ Yes ○ No
	Specify :
To bite :	○ Yes ○ No
	Specify :
Pica :	○ Yes ○ No
	Specify :
Cognitive state ***(problem with memory, orientation, understanding, etc.):***	**Specify :**
Asthmatic :	○ Yes ○ No
	Specify :
Epileptic :	○ Yes ○ No
	Specify :
Behavioral difficulties ***(seizures, suicidal thoughts, inappropriate sexual behavior, etc.):***	**Specify :**
Other health problem/special care:	**Specify :**

Medication : ○ Yes ○ No	**If yes, attach the pharmacological profile.**
Self-medication : ○ Yes ○ No	**Specify, if applicable :**

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Vision	○ Normal ○ Vision problem	**Specify :**
Hearing	○ Normal ○ Deafness	**Specify :**
Dentition	○ Normal ○ Denture ○ Edentulous	**Specify :**

Nutrition-hydration (attach a protocol if applicable)		
Intolérance :	○ Yes ○ No	**Specify :**
Dislikes :	○ Yes ○ No	**Specify :**
Choking Hazard :	○ Yes ○ No	**Specify :**
Special diet :	○ Yes ○ No	**Specify :**
Food texture :	○ Regular ○ Other	**Specify :**
Consistency of liquids:	○ Regular ○ Other	**Specify :**
Need help with nutrition/hydration:	○ Yes ○ No	**Specify :**

Mobility assistance		
Orthotics :	○ Yes ○ No	**Specify :**
Prosthesis :	○ Yes ○ No	**Specify :**
Transfers :	☐ Bed ☐ Toilet ☐ Bath	**Specify :**
Walk :	☐ Walk outside ☐ Walk inside	**Specify :**
Stairs :	☐ Staircase outside ☐ Staircase inside	**Specify :**
Technical aids :	☐ Cane ☐ Walker ☐ Wheelchair	**Specify :**

Life routine	
Rising in the morning :	
Breakfast :	
Morning occupation :	
Supper :	
Evening occupation :	
Going to bed :	
Night	
Weekend	

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Other activities of daily living (specify only if associated problem)			
Clothing :	**Help required :** ○ Yes ○ No	**Specify :**	
Hygiene :	**Help required :** ○ Yes ○ No	**Specify :**	
Shower :	**Help required :** ○ Yes ○ No	**Specify :**	
Hand washing	**Help required :** ○ Yes ○ No	**Specify :**	
Disposal:	**Help required :** ○ Yes ○ No	**Specify :**	
	☐ Diaper ☐ Incontinence briefs	☐ Day ☐ Night	**Specify :**

The participant is able		
Do gross motor activities :	○ Yes ○ No	**Specify :**
Do fine motor activities :	○ Yes ○ No	**Specify :**
Do activities at the cognitive level :	○ Yes ○ No	**Specify :**
Do free activities :	○ Yes ○ No	**Specify :**
Walk more than an hour :	○ Yes ○ No	**Specify :**
Run or jump :	○ Yes ○ No	**Specify :**
Maintain attention :	○ Yes ○ No	**Specify :**
Use a tablet, computer, etc. :	○ Yes ○ No	**Specify :**

Further information :

Completed by: _____

Signature

Date

By signing this form, you agree that La Maison Répit La Ressource will use this information while keeping it strictly confidential.

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