

SAFETY: Individual Summary Sheets

OAR 309-049-0105

POLICY:

This program will insure that current Individual Summary Sheets are maintained for each resident as a resource for staff and for emergency situations. The form will be referred to when there is a need for the information, i.e., emergency room, notifying family or others of a change, names and addresses of physicians, social security number or other identification numbers, admission date, etc. Each house vehicle will have a condensed summary sheet for each resident.

PROCEDURE:

1. A completed Individual Summary Sheet must be in place when the resident enters the program. Much of the information may be completed prior to entry; however, the remaining information must be completed on entry or an explanation must be noted as to when the information will be available. The Individual Summary Sheet must include:
 - a. The individual's name, previous address, date of entry into the program, date of birth, sex, marital status, religious preference, preferred hospital, AFS number where applicable, guardianship status; and
 - b. The name, address and telephone number of:
 - (1) The individual's legal representative, family, advocate or other significant person;
 - (2) The individual's preferred physician, secondary physician and/or clinic;
 - (3) The individual's preferred dentist;
 - (4) The individual's day program, or employer, if any;
 - (5) The individual's case manager; and
 - (6) Other agency representatives providing services to the individual.
2. Copies of the completed summary sheets will be maintained in the individual's confidential file and in the Individual's Medical Notebook.
3. Information will be updated on all copies when changes occur.
4. The form will be reviewed every 6 months for accuracy.

Approved by: _____ Date: _____
Jon Cooper, Director