

# Person Served Information (PSI)

<i>Client Name</i>	<i>Age</i>	<i>Gender</i>	<i>Height</i>	<i>Weight</i>	<i>Diagnosis</i>
<i>Street Address</i>		<i>City</i>		<i>State</i>	<i>Zip Code</i>

<i>Parent/Guardian Name</i>	<i>Phone #</i>	<i>Email</i>
<i>Parent/Guardian Name</i>	<i>Phone #</i>	<i>Email</i>
<i>Emergency Contact Name</i>	<i>Phone #</i>	<i>Email</i>

<i>Nearest Urgent Care or Hospital</i>	<i>City</i>	<i>Phone #</i>
<i>School or Day Program</i>	<i>Contact Name</i>	<i>Phone #</i>

<b>Communication</b>
<i>Primary Language(s):</i>
<i>Description of Communication Needs and Abilities:</i>

<b>Physical Considerations and Daily Support Needs</b>
<i>Physical Considerations:</i>
<i>Daily Support Needs:</i>

<b>Safety and Behavioral Concerns</b>

<b>Diet, Allergies, Seizures, and Other Medical Conditions</b>
<i>Feeding and Diet:</i>
<i>Allergies:</i>
<i>Seizures:</i>
<i>Other Medical Conditions:</i>

<b>Likes and Dislikes</b>
<i>Likes:</i>
<i>Dislikes:</i>

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date