CUMULATIVE PATIENT PROFILE

For adults with developmental disabilities (DD)

Adapted from template originally developed by the Department of Family and Community Medicine, Faculty of Medicine, University of Toronto, and Electronic Medical Record, DFCM, St. Michael's Hospital, Toronto

Initial Assessment Completed: ____/____/_____
dd mm yyyy

Consider annual review, and update sooner when changes occur, e.g., decision-making capacity

Name: _____ Gender: ____
(last, first)

Address: _____

Tel. No: _____

DOB (dd/mm/yyyy): _____

Health Card Number: _____

Prefers to be called: _____

Etiology of DD: _____ ☐ Definite ☐ Probable ☐ Possible ☐ Unknown

Genetic assessment: ☐ No ☐ Yes **Date:** ____/____/____
dd mm yyyy

Report on file? ☐ No ☐ Yes: _____

Psychological assessment: ☐ No ☐ Yes **Date:** ____/____/_____ **Report on file?** ☐ No ☐ Yes
dd mm yyyy

Level of adaptive functioning: ☐ Mild ☐ Moderate ☐ Severe ☐ Profound ☐ Unknown

Decision-Making Capacity

Decision-Making Capacity: Capacity to consent may vary over time and with the type of decision. Assess when proposing interventions for which consent is required. [Guideline 7] See Informed Consent Tool

☐ Capable ☐ Not capable ☐ Unsure

Substitute Decision Maker (SDM):

Name: _____ Contact Information: _____

Next of Kin (if not SDM):

Name: _____ Contact Information: _____

Others who may be helpful in decision making (e.g., Guardian, Power of Attorney for Personal Care, Office of the Public Guardian and Trustee, helpful agencies/support persons):

Special Needs and Communication

SPECIAL NEEDS AND COMMUNICATION

Usual Clinic Visit Routines: ☐ Prefers early day ☐ Prefers end of day ☐ Limit time in waiting room

☐ Special positioning for exam ☐ Extra staffing needed ☐ May require sedation

Tolerates venipuncture? ☐ Yes ☐ No

☐ Other: _____

Expressive Communication (method, devices):

Receptive Communication – prefers:

☐ Pictures ☐ Simple explanations ☐ Written ☐ Sign language ☐ Other: _____

Triggers (e.g., trauma, noise, lighting, smells, colour, textures): _____

Response Behaviours: **How to help:**

Usual Response to Medical Exam: ☐ Fully/partially cooperates ☐ Fearful ☐ Resistant ☐ Aggressive

Usual Response to Pain or Distress: ☐ Normal ☐ Unique (describe):

Cautions (e.g., aggression, pica, aspiration risk): – specify modifications, precautions

PROBLEM LIST

Date	Billing Code	**PROBLEM LIST – Current Problems** (description, date identified, associated diagnoses)

CURRENT MEDICATIONS

Start Date	**Name of Medication and Directions** (dose, route, frequency, any specific instructions) **Asterisk(*) to indicate if repeatable**

RECORD OF PAST MEDICATIONS

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Start Date	Stop Date	Name of Medication and Directions (dose, route, frequency, specific instructions)	Comments Reason for discontinuation (e.g., ineffective, adverse effect, treatment complete)

ALLERGIES

ALLERGIES (include medications, food, stinging insect, pollen and dander, other)

Allergy	Medication Reaction Type (allergy, side effect, exaggerated, other effect)	Reaction Severity (life threatening, major reaction, minor reaction, no reaction)	Status (confirmed, suspected)	Brief Description of the Reaction	Treatment Details (optional)

IMMUNIZATIONS

IMMUNIZATION	Year	Year	Year	Year
Influenza Immunization				
			Pneumovax	

FAMILY and PAST HEALTH HISTORY

Family History	Patient's Past History (including hospitalizations)

PERSONAL HISTORY

PERSONAL HISTORY

Living Situation: ☐ Family ☐ Group home ☐ Foster home ☐ Independent ☐ Other: _____

Most important relationships:

Caregivers and supports:

Employment or Day Program (indicate total hours/week):

Leisure Activities:

Nutrition, Dietary:

Exercise:

Sexually active:

Past ☐ No ☐ Yes ☐ Unknown

Current ☐ No ☐ Yes ☐ Unknown

RISKS

Tobacco

Alcohol

Street Drugs

Behaviour

REMINDERS

REMINDERS (include exams indicated, e.g., vision, hearing, dental, psychology/genetic reassessment, cancer screening)

Periodic Tests	Date	Date	Date	Date	Date	Comments or follow-up

Advance Planning Needs:

☐ Transition ☐ Crisis ☐ Palliative ☐ End of Life ☐ DNR If yes, record on file?

☐ Other: _____

