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ARC INTAKE FORM

NO DR EXAMINATION REQUIRED TO FILL OUT PARTICIPANT INFORMATION-ALL INFORMATION IS KEPT CONFIDENTIAL-PLEASE ATTACH A RECENT PHOTO

TODAY'S DATE: _____

PARTICIPANT INFO:

FIRST _____ LAST NAME: _____

ADDRESS: _____ DOB: _____

CITY: _____ ST: _____ ZIP: _____ EMAIL _____

SS#: _____ TOWNSHIP: _____ COUNTY: _____

C PHONE: _____ H PHONE: _____ W PHONE: _____

CAREGIVER FIRST NAME: _____ CAREGIVER LAST NAME: _____

EMERGENCY INFO: POISON CONTROL PHONE NUMBER: 1.800.222.1222

PHYSICIAN NAME: _____ PHYSICIAN PHONE: _____

CONTACT FIRST NAME: _____ CONTACT LAST NAME: _____

RELATIONSHIP TO PARTICIPANT : _____ H PHONE: _____ C PHONE: _____

PREFERRED HOSPITAL : _____ PREFERRED AMBULANCE : _____

INSURANCE CARRIER : _____ POLICY # : _____

INSURANCE CARRIER : _____ POLICY # : _____

CURRENT MEDICATION INFORMATION (PLEASE USE EXTRA PAPER IF NEEDED)

HEIGHT: _____ WEIGHT: _____ LBS

SELF ADMINISTER MEDICATION: NO: YES: NEED VERBAL REMINDERS: NO: YES:

MEDICATION	DOSAGE	TIME(S) GIVEN	METHOD GIVEN	PURPOSE	SIDE EFFECTS

ALLERGIC MEDICATION(S) (PLEASE USE EXTRA PAPER IF NEEDED)

MEDICATION ALLERGIC TO	DESCRIBE ALLERGIC REACTION

OTHER ALLERGIES INFO: (PLEASE USE EXTRA PAPER IF NEEDED) PLEASE LIST FOOD ALLERGIES ON PAGE 4 UNDER "DIET INFO"

ANIMALS: BEES: LATEX: OTHER:

DO YOU USE AN EPI PEN FOR BEE STINGS: NO: YES: DO YOU ALWAYS CARRY ONE WITH YOU : NO: YES:

PLEASE USE TO DESCRIBE "OTHER" ALLERGY DETAILS: _____

OVER THE COUNTER MEDICATION INFO:

PLEASE LIST SPECIFIC CONCERNS / INTERACTIONS WITH OTC MEDICATIONS: _____

SEIZURE INFO: (PLEASE USE EXTRA PAPER IF NEEDED)

SEIZURES: NO: YES: LAST DATE: _____ DURATION : _____

FREQUENCY: _____ PREVIOUS HOSPITALIZATION: NO: YES:

DATE(S) AND DESCRIPTION OF LAST HOSPITALIZATION: _____

DESCRIBE TYPICAL *PRE* SEIZURE BEHAVIOR: _____

DESCRIBE TYPICAL *POST* SEIZURE BEHAVIOR: _____

TREATMENT MOST EFFECTIVE DURING AND AFTER SEIZURE: _____

MEDICAL CONDITIONS: (PLEASE CHECK WHAT APPLIES TO YOU AND ADD OTHER MEDICAL CONDITIONS YOU HAVE THAT ARE NOT LISTED IN THE BLANK FIELDS)

MEDICAL CONDITION		MEDICAL CONDITION		MEDICAL CONDITION		MEDICAL CONDITION	
ARTHRITIS		FINE MOTOR PROBLEMS		LIVER PROBLEMS		VISUAL IMPAIRMENT	
ASTHMA		HEARING IMPAIRED		MENTAL HEALTH		OTHER (PLEASE LIST)	
AUTISM		HEART PROBLEMS		NON VERBAL			
BALANCE PROBLEMS		HEPATITIS B CARRIER		PERSISTENT COUGH			
CAR SICK		HYPERTENSION		RHEUMATIC FEVER			
CEREBRAL PALSY		HYPOTENSION		SINUS PROBLEMS			
DIABETES		INCONTINENCE		SKIN PROBLEMS			
EPILEPSY		INTELLECTUAL DISABILITY		SPEECH IMPAIRMENT			

IMMUNIZATION / VACCINE DATES:

DIPHTHERIA / PERTUSSIS / TETANUS BOOSTER: DATE: _____ ORAL POLIO / SALK: DATE: _____

HEPATITIS B: (IF APPLIES) DATE: _____ TUBERCULIN TEST: DATE: _____

MEASLES / MUMPS / RUBELLA: DATE: _____

ADAPTIVE EQUIPMENT NEEDED (PLEASE CHECK IF YOU USE ANY OF THE FOLLOWING)

CANE: COMMUNICATOR: OXYGEN: WALKER: WHEELCHAIR: OTHER:

PLEASE DESCRIBE ANY OTHER ADAPTIVE EQUIPMENT NEED- _____

PERSONAL HABITS: (PLEASE CHECK WHAT APPLIES TO YOU)

CHEW TOBACCO: HOW OFTEN: _____

DRINK ALCOHOLIC BEVERAGES: HOW OFTEN: _____

SMOKE: HOW OFTEN: _____

DIET INFO: (PLEASE CHECK WHAT APPLIES TO YOU)

LIKES EVERYTHING: OVEREATING ISSUES: SELECTIVE EATER: SPECIAL DIET: UNUSUAL DIET:

FAVORITE FOODS: _____

DESCRIBE UNUSUAL EATING HABITS IN DETAIL: _____

FOOD ALLERGIES: DESCRIBE FOOD(S) YOUR ARE ALLERGIC TO & REACTION: _____

BEHAVIOR INFO: (USE EXTRA PAPER IF NEEDED)

LIST ANY BEHAVIOR ISSUES OF CONCERN: _____

LIST BEST RE-DIRECTION TECHNIQUES USED: _____

LIST SITUATIONS THAT SHOULD BE AVOIDED: _____

LIST BEST DE-ESCALATION TECHNIQUES USED: _____

LIST THINGS THAT FRIGHTEN YOU: _____

GOALS INFO:

DESCRIBE DESIRED GOALS FROM THE HABILITATION (LIFESKILL) PROGRAM: _____

DESCRIBE DESIRED GOALS FROM THE RESPITE (RECREATION) PROGRAM: _____

RECREATION ACTIVITIES:

LIST YOUR FAVORITE SUMMER ACTIVITIES: _____

LIST YOUR FAVORITE WINTER ACTIVITIES: _____

LIST YOUR FAVORITE HOBBIES: _____

LIST YOUR FAVORITE TOYS: (IF APPLICABLE) _____

CHECK THE ACTIVITIES THAT INTEREST YOU: (PLEASE ADD OTHER ACTIVITIES THAT INTEREST YOU IN THE BLANK FIELDS)

ACTIVITY		ACTIVITY		ACTIVITY		ACTIVITY	
AMUSEMENT RIDES		COMPUTER		MOVIES		SWIMMING	
BACKPACKING		COOKING		MUSIC-RADIO		TABLE TENNIS	
BASEBALL		CRAFTS		MUSIC-CD'S		TELEVISION	
BASKETBALL		DANCES		PHYSICAL EXERCISE		VIDEOS	
BILLIARDS		DINNER EVENTS		READING		VOLLEY BALL	
BOARD GAMES		FISHING		ROLLER SKATING			
BOATING		FOOTBALL		SCAVENGER HUNTS			
BOOKS		GOLF		SHOPPING			
BOWLING		HIKING		SHUFFLEBOARD			
CAMPING		HORSE RIDING		SKIING			
CANOEING		HOT AIR BALLOON		SOCIALIZING			
CARDS		ICE SKATING		SPAS			
CONTESTS		KITE FLYING		SPORTS EVENTS			

CHECK THE COMMUNITY ACTIVITIES THAT INTEREST YOU: (PLEASE ADD OTHER COMMUNITY ACTIVITIES THAT INTEREST YOU IN THE BLANK FIELDS)

COMMUNITY ACTIVITIES		COMMUNITY ACTIVITIES		COMMUNITY ACTIVITIES		COMMUNITY ACTIVITIES	
BONFIRES		FAIRS		MUSIC FESTIVALS			
CARNIVALS		FIREWORKS		PARADES			
CIRCUS		FOLK FAIRS		RENAISSANCE FAIRS			
CONCERTS		HISTORIC RE-ENACTMENTS		SCIENCE FAIRS			
CRAFT FAIRS		HISTORIC TOURS		STORYTELLING			
DANCE FESTIVALS		JAMBOREES					
EXHIBITIONS		LUAUS					

CHECK THE SHOWS THAT INTEREST YOU: (PLEASE ADD OTHER SHOWS THAT INTEREST YOU IN THE BLANK FIELDS)

SHOWS		SHOWS		SHOWS		SHOWS	
AIR SHOWS		DINNER THEATRE SHOWS		PLAYS & MUSICALS			
AUTO TRUCK SHOWS		DOG & CAT SHOWS		POETRY READINGS			
BOAT SHOWS		EXHIBITIONS		PUPPET SHOWS			
COMEDY SHOWS		MAGIC SHOWS		RODEO SHOWS			
COMIC BOOK CONVENTIONS		MOTORCYCLE SHOWS					
CONCERTS		PERFORMANCE ART SHOWS					

CHECK THE ATTRACTIONS THAT INTEREST YOU: (PLEASE ADD OTHER ATTRACTIONS THAT INTEREST YOU IN THE BLANK FIELDS)

ATTRACTIONS		ATTRACTIONS		ATTRACTIONS		ATTRACTIONS	
AQUARIUMS		MUSEUMS		ZOOS			
AVIARIES		THEME PARKS					
HAUNTED HOUSES		WATER PARKS					