Individual Details □□□□ □□□□

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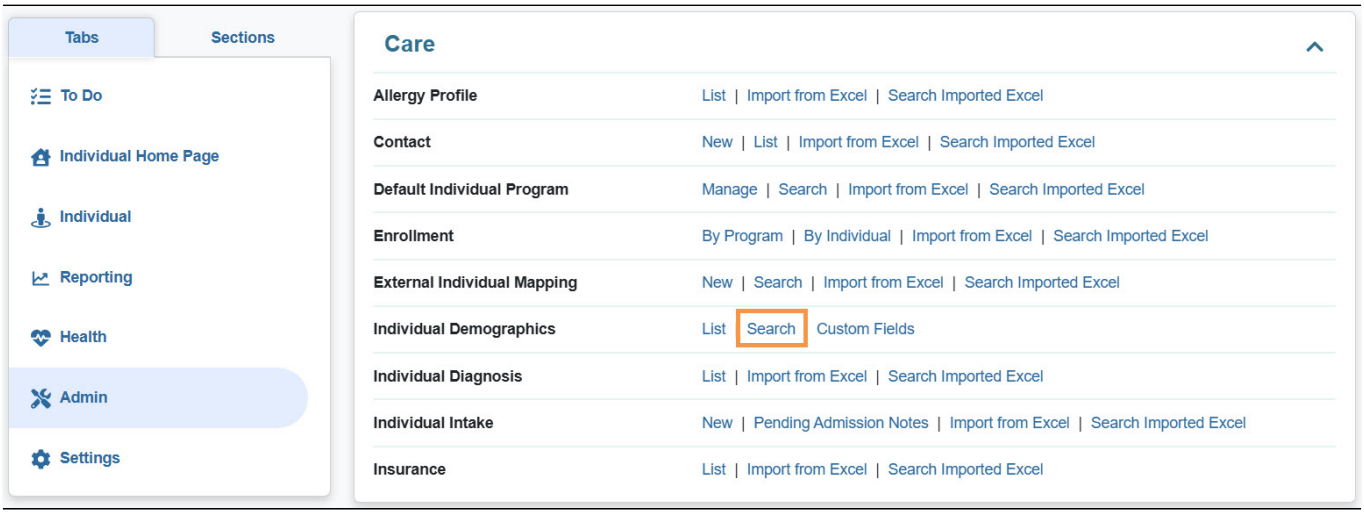
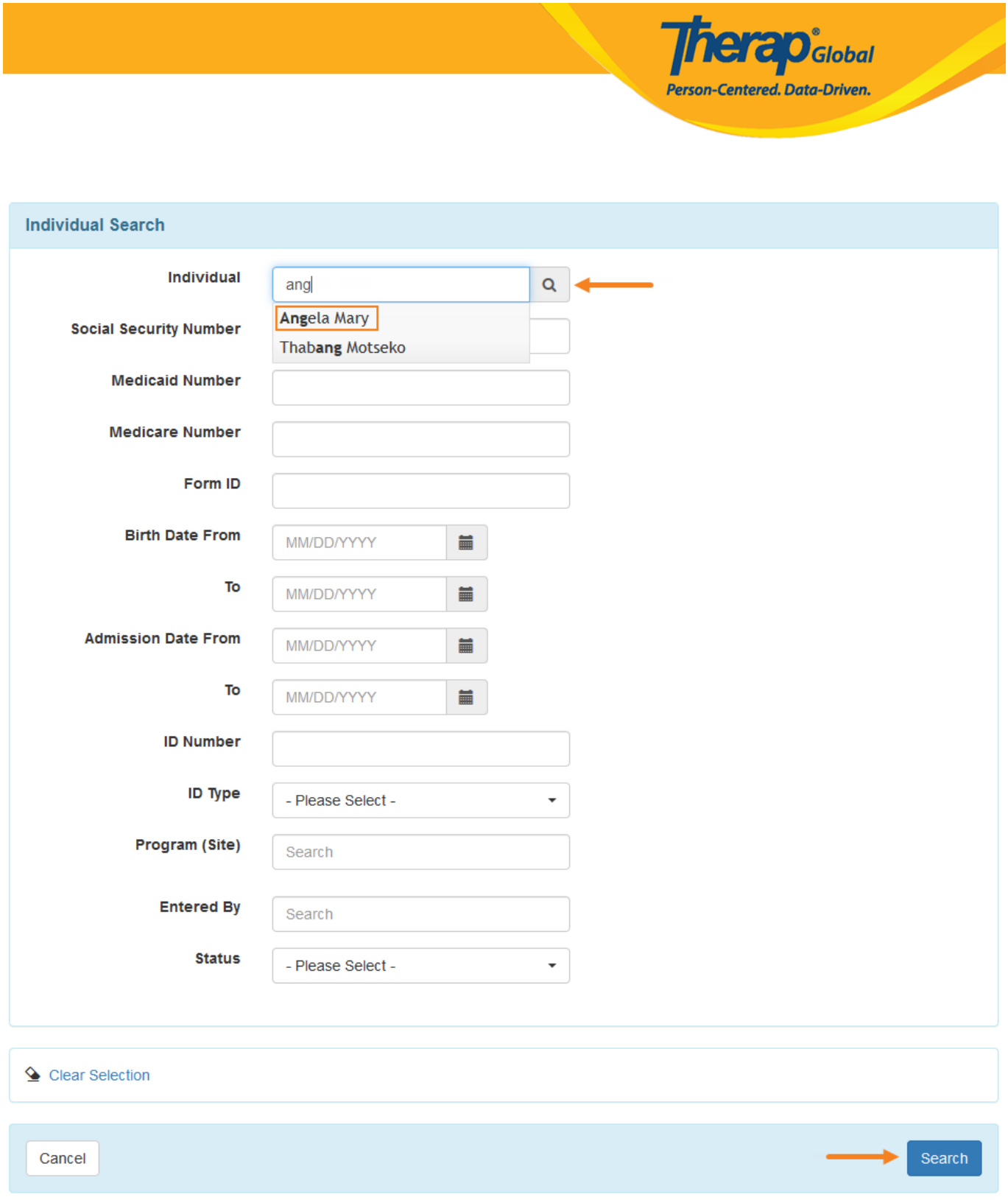
1. **Admin** □□□□□□ **Care** □□□□□□□□ □□□□ **Individual Demographics** □□□□□□ □□□□ **Search** □□□□□□ □□□□□ □□□□□



2. **Individual Search** □□□□ **Individual** □□□□□□□□□ individual □□ □□□ □□□□□ □□□ □□□□□ **Search** □□□□□ □□□□□ □□□□□



Note: Individual □□□□□□ *individual* □□ □□□□□ □□ □□□ □□□□□ □□□□□ □□□ □□□□□ □□□□ □□□□ *individual* □□ □□□□□□□□ □□□ □□□□□□□ □□□□□ □□□□□□□□ □□□□ □□□ □□□□□□□□□□ □□□□□□ □□□ □□□□□ □□□□ □□ ***Individual*** □□□□□□ □□□□ □□□□□

3. **Individual Search** □□□□ individual □□ □□□□□ □□□ □□□□□ □□□□ **Individual Demographic Form (IDF)** □□ □□□□ □□□□ **IDF** □□ □□□□□□□ □□□□□□□ □□□□□□ □□□ □□□□□□ □□□□□□□□□□□□□ □□□□□□ □□□□ □□□□□□□□□ □□□□□□□ □□□ □□□□□□□ **IDF** □□□□□□ □□□□ □□□□□□□ □□□□ □□□□□ □□□□□

Individual Search

Filter

15 Records

Form ID	Individual	Social Security Number	Medicaid Number	Medicare Number	Status All	Birth Date	Case Status	Entered By	Admitted By	Last Updated By	Admission Date	Individual ID Number	Time Zone
IDF-DEMOTPHL-G7Q29D7EDMULW	Mary, Angela		N/A		Admitted	05/01/2010	Active	Rahman, Ferdaus / Supervisor	Rahman, Ferdaus / Supervisor	Ibrahim, Amit / Supervisor	01/05/2017		Asia/Manila

Showing 1 to 1 of 1 entries

Previous 1 Next

Individual Demographic Form (IDF) Admitted

T-Notes

Individual Angela Mary

Photo 1

Photo 1 Date

Title	Miss	**Gender**	Female
First Name	Angela	**Last Name**	Mary
Middle Name	Ann	**Suffix**	N/A
Birth Date	05/01/2010	**Goes By**	Angela
SSN		**Medicaid Number**	N/A
E-mail	annmary@gmail.com	**Phone Number**	1234567890
Race	Filipino	**Ethnicity / Hispanic Origin**	
Tribe		**Class Membership**	

Residential Address

Attention or in care of

Address 1118 Roxas Boulevard, corner United Nations Avenue, Ermita, Manila, 1000 Metro Manila, Philippines, Philippines

Location

Primary Phone

Secondary Phone

Additional Phone

Mailing Address

Attention or in care of

Address 1118 Roxas Boulevard, corner United Nations Avenue, Ermita, Manila, 1000 Metro Manila, Philippines, Philippines

Primary Phone

Secondary Phone

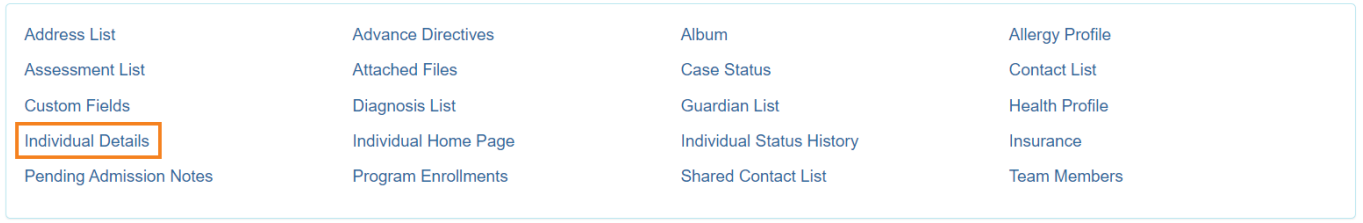
Additional Phone

View PDFs

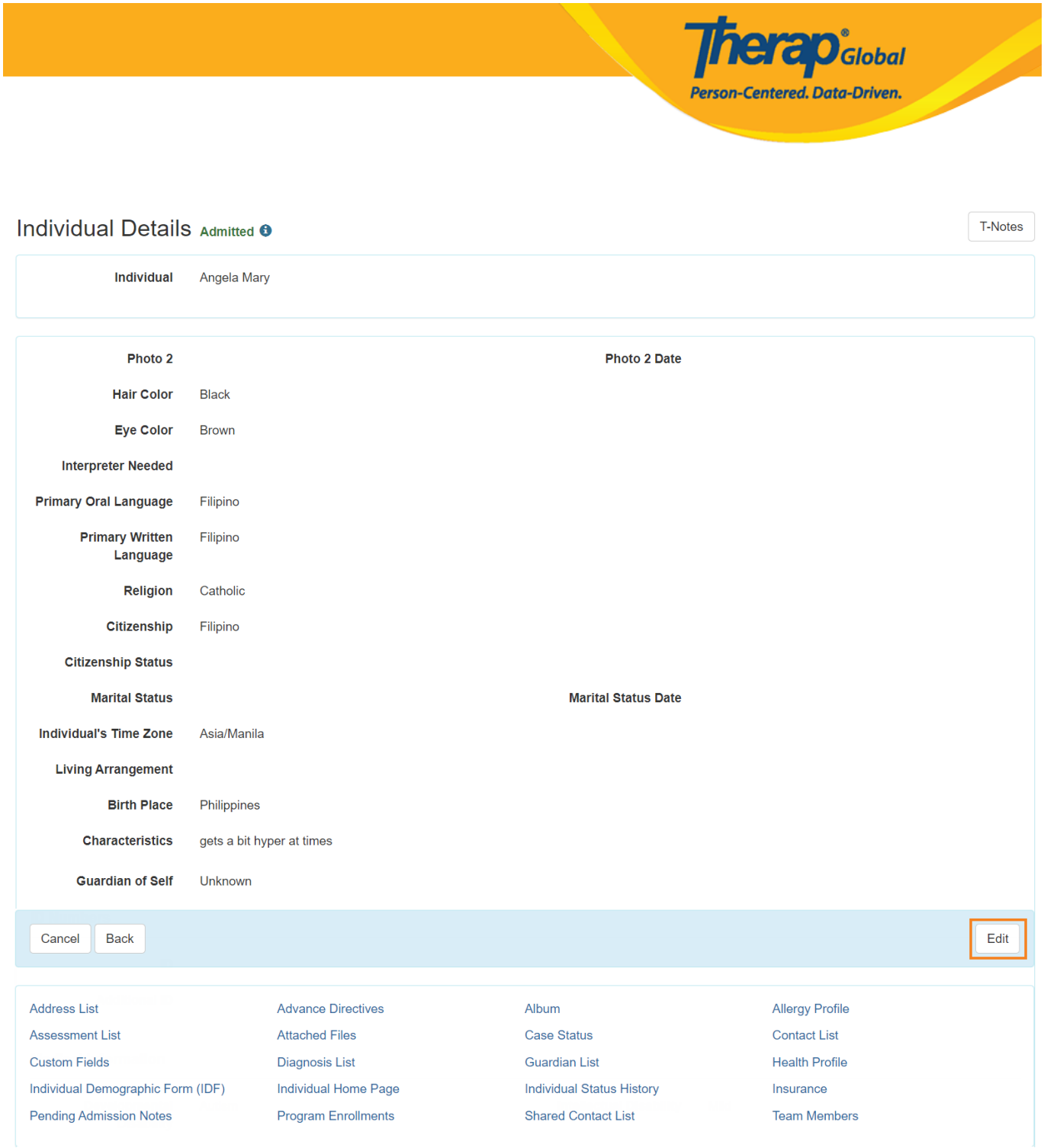
Cancel | Back | SComm | Mark as Deceased | Discharge | Mark as Pending Admission | Edit

Address List | Advance Directives | Album | Allergy Profile
Assessment List | Attached Files | Case Status | Contact List
Custom Fields | Diagnosis List | Guardian List | Health Profile
Individual Details | Individual Home Page | Individual Status History | Insurance
Pending Admission Notes | Program Enrollments | Shared Contact List | Team Members

4. **Individual Details** □□□□□□ □□□□□ □□□□□



5. **Individual Details** □□□□□ □□□□ □□□ □□□□□□□□□□□□□ □□□□□□□ □□□□ **Edit** □□□□□ □□□□□ □□□ □□□□□ □□□□ □□□□ □□□□□□



- [redacted] individual [redacted], [redacted], [redacted], [redacted], [redacted], [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] individual [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]

Therap Global
Person-Centered. Data-Driven.

Photo 2

Photo 2 Date 08/01/2020

Height 3 Feet | 2 Inch

Weight Range 50 From lbs | 52 To lbs

Hair Color Black

Eye Color Brown

Interpreter Needed No

Primary Oral Language Other | Filipino

Primary Written Language Other | Filipino

Religion Buddhist

Citizenship Filipino

Marital Status Single

Marital Status Date MM/DD/YYYY

Admission Date 01/05/2017

Death Date MM/DD/YYYY

* **Individual's Time Zone** Asia/Manila

Living Arrangement Living with Parent

Birth Place

Street 1 | Street 2

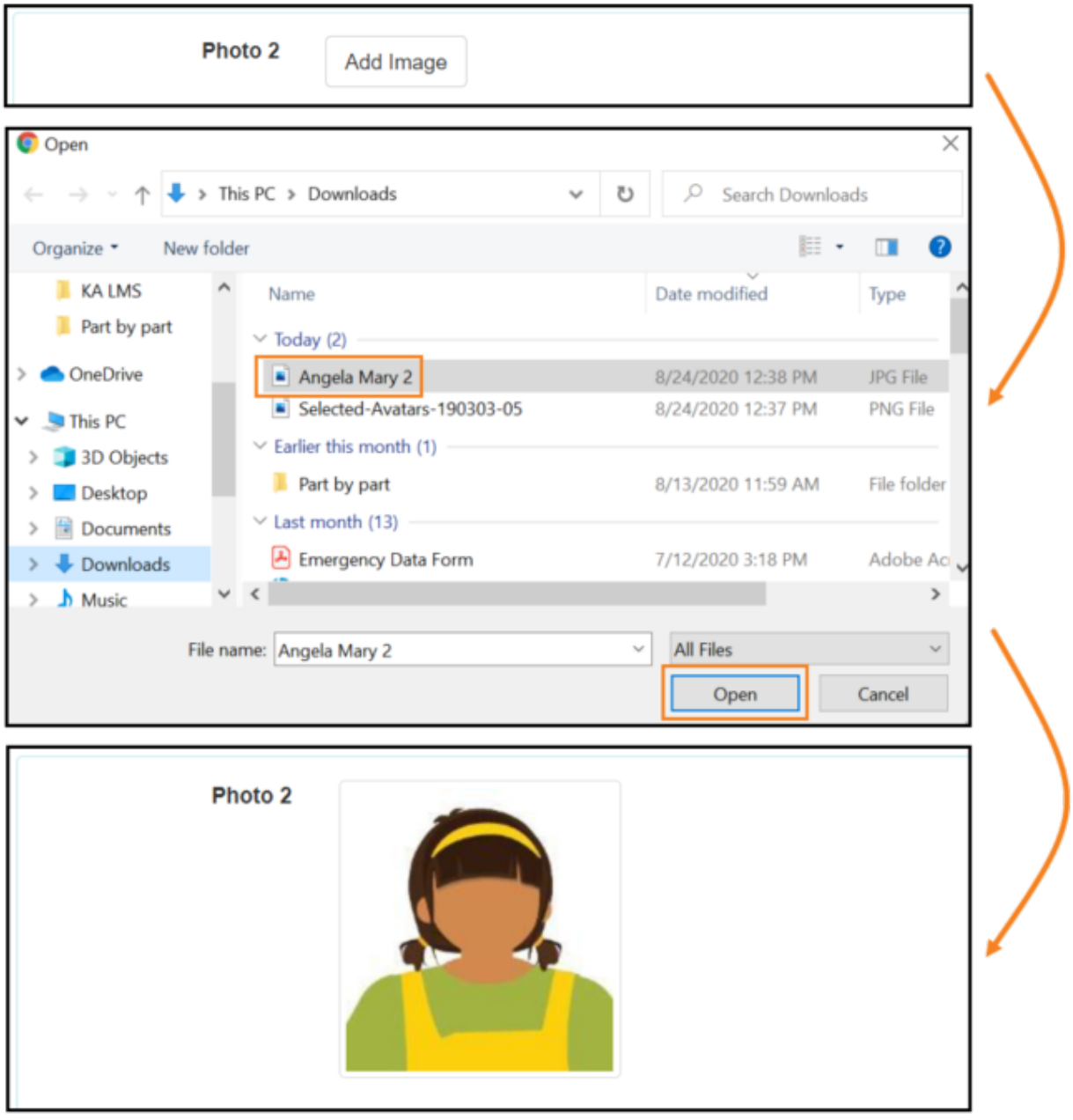
Manila (City) | State | Zip Code | Philippines (Country)

Characteristics gets a bit hyper at times

About 2975 characters left

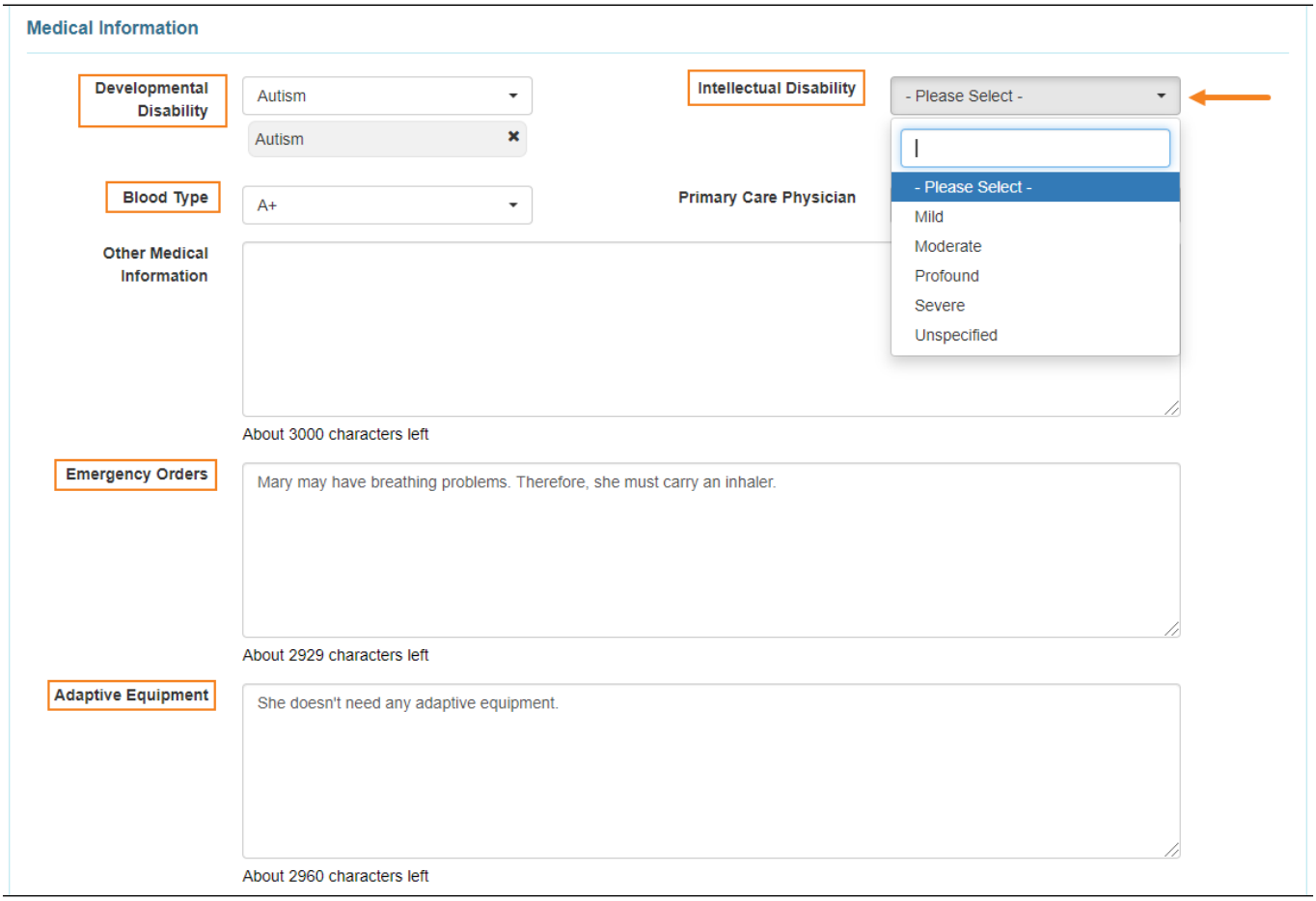
Guardian of Self Unknown

- **Individual** □□ □□□ □□□□ □□□□, **Photo 2** □□□□□□□ □□□□ **Add Image** □□□□□ □□□□□ □□□□□ □□□□□□□□□□□□□ □□□□□ □□□□□□ □□□□ □□□ □□□□□□ □□□□ □□□□□ □□□ □□□□□ □□□□ □□□□ □□□□□□ □□□ **Individual Demographic Form (IDF)** □ **Photo 1** □□□□□□ □□□ □□ □□, □□□□□ **Photo 2** □□□□ □□□□ □□□□□□□□□ □□□□

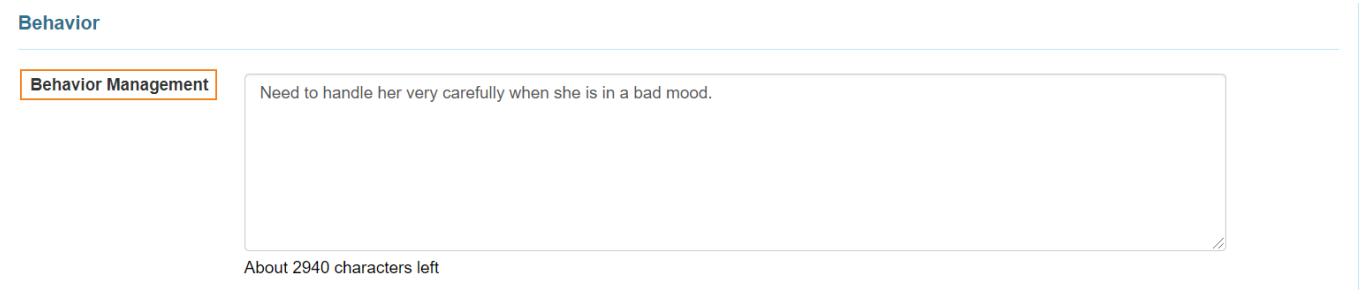


Note: □□□□ □□□□□□□□□ □□□□ □ □□□□□□□□ □□□ □□□□□

- **Medical Information:** □□ □□□□□□□ □□□□□□ □□□ □□□□□□□□□□□□□ individual □□ □□□□□□□ □□□□□□□□□ □□□□□□□□□□ □□□□□ □□□□□□□□□□□□□ □□□□ □□□□ □□□□□, □□□□ **Developmental Disability**, **Intellectual Disability**, **Blood Type**, **Emergency Orders**, **Adaptive Equipment** □□□□□□□□



- **Behavior: Behavior Management** □□□□□□□□□ □□□□□□□□□□□□□ individual □□ □□□□□□ □□□□□□□□□□□□□ □□□ □□□□□□□□□□□□□ □□□□□□□□□ □□□□□ □□□□□ □□□□□□



- **Guidelines:** □□ □□□□□□□ □□□□□□ □□□ □□□□□□□□□□□□□ individual □□ □□□□□□□□□□ □□□□□□□ □□□□□□ □□□□□ □□□□□□□□□ □□□□□ □□□□ □□□□ □□□□□□ □□ □□□□□ □□□□□ □□□□□□□□□□□, □□□□□□□□□, □□□□□□□, □□□□□□□□□□□, □□□□□□□ □□□ □□□□□□□ □□□□□□□□□□

Guidelines

Dietary Guidelines
Mary can eat only processed foods
About 2967 characters left

Eating Guidelines
She needs assistance while eating
About 2967 characters left

Communication Modality
- Please Select -

Communication Modality Other

Communication Comments
About 3000 characters left

Mobility
Walks on own

Mobility Comments
About 3000 characters left

Supervision
Independent

Supervision Comments
About 3500 characters left

Food Texture
Whole or Normal consistency

Liquid Consistency
Thin

Toileting Status
Requires Physical Assistance/Equi

Bathing Status
Requires Support to Bath/Shower

Mealtime Status
Requires Support to Eat

Referral Source
About 3000 characters left

- [ ] **Do not notify Family/Guardian as there is written advice that they do not want to be notified for incidents defined as Reportable(Medium notification level), Serious Reportable(High notification level) or have Abuse/Neglect specified.**

6. □□□□□□□□□□ □□□□□□□□ □□□□ □□□ □□□ □□□□, □□□□□ □□□□ **Update** □□□□□ □□□□□ □□□□□

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