

# Individual Details

**Individual Details** allows you to view individual information, including Emergency Data Form (EDF), Demographic Report, and other individual data.

You can access **IDF Admin** from the **Individual Details** page.

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

To Do	<b>General</b>	
Individual	<b>Provider</b>	Preferences   Password Policy
Health	<b>User</b>	New   List   Import from Excel   Search Imported Excel   Assign External System ID   Self Password Reset
Agency	<b>Title</b>	New   List   Import from Excel   Search Imported Excel
Billing	<b>Care</b>	
<b>Admin</b>	<b>Individual Demographics</b>	List   <b>Search</b>   Custom Fields
Agency Reports	<b>Individual Intake</b>	New   Pending Admission Notes   Import from Excel   Search Imported Excel
Individual Home Page		

2. **Individual Search** > **Individual** > **Search**





Individual Demographic Form (IDF) Admitted ⓘ

T-Notes

Individual Angela Mary

Photo 1



Photo 1 Date

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

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

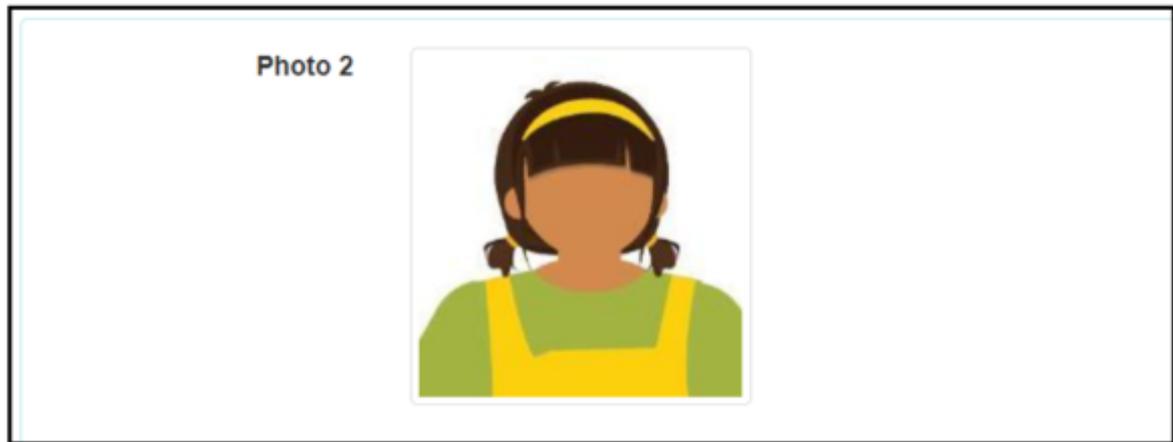
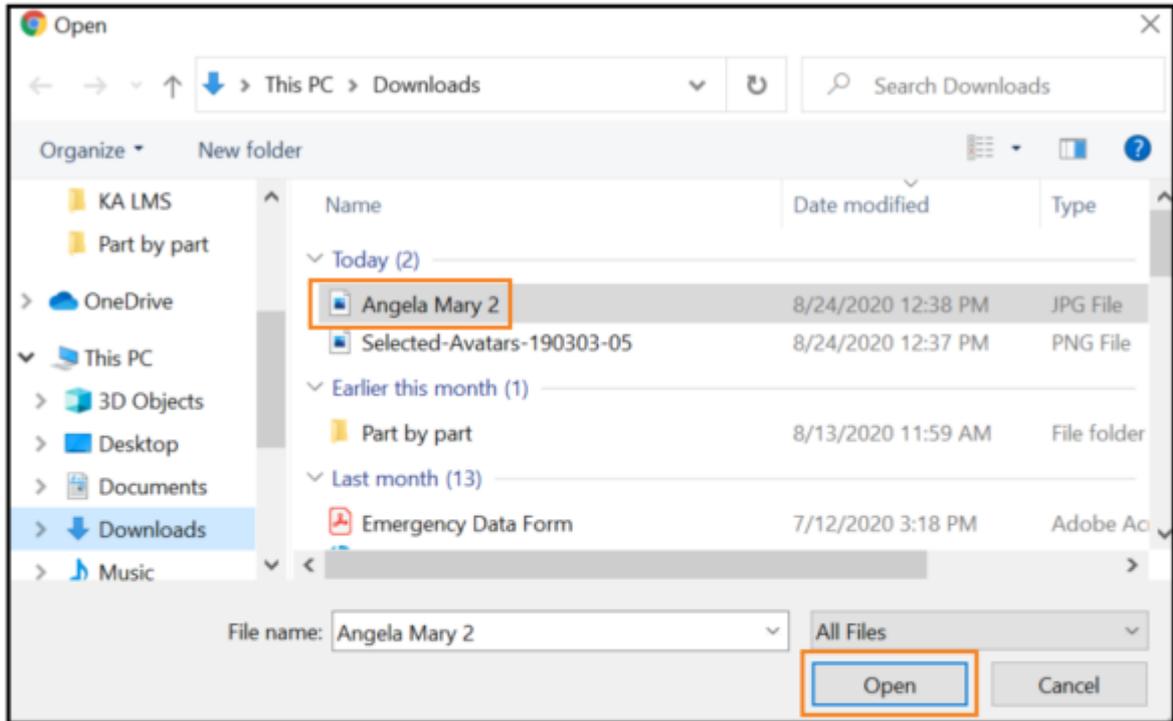
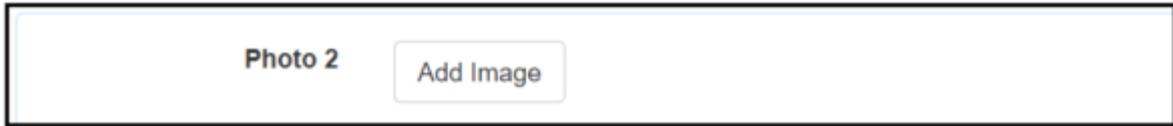
- |                         |                      |                           |                 |
|-------------------------|----------------------|---------------------------|-----------------|
| Address List            | Advance Directives   | Album                     | Allergy Profile |
| Assessment 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    |





<b>Photo 2</b>		<b>Photo 2 Date</b>	<input type="text" value="08/01/2020"/>
<b>Height</b>	<input type="text" value="3"/>	<input type="text" value="2"/>	
	Feet	Inch	
<b>Weight Range</b>	<input type="text" value="50"/>	<input type="text" value="52"/>	
	From lbs	To lbs	
<b>Hair Color</b>	<input type="text" value="Black"/>		
<b>Eye Color</b>	<input type="text" value="Brown"/>		
<b>Interpreter Needed</b>	<input type="text" value="No"/>		
<b>Primary Oral Language</b>	<input type="text" value="Other"/>	<input type="text" value="Filipino"/>	
<b>Primary Written Language</b>	<input type="text" value="Other"/>	<input type="text" value="Filipino"/>	
<b>Religion</b>	<input type="text" value="Buddhist"/>		
<b>Citizenship</b>	<input type="text" value="Filipino"/>		
<b>Marital Status</b>	<input type="text" value="Single"/>	<b>Marital Status Date</b>	<input type="text" value="MM/DD/YYYY"/>
<b>Admission Date</b>	<input type="text" value="01/05/2017"/>	<b>Death Date</b>	<input type="text" value="MM/DD/YYYY"/>
<b>* Individual's Time Zone</b>	<input type="text" value="Asia/Manila"/>		
<b>Living Arrangement</b>	<input type="text" value="Living with Parent"/>		
<b>Birth Place</b>	<input type="text"/>	<input type="text"/>	
	Street 1	Street 2	
	<input type="text" value="Manila"/>	<input type="text"/>	<input type="text" value="Philippines"/>
	City	Zip Code	Country
<b>Characteristics</b>	<input type="text" value="gets a bit hyper at times"/>		
	About 2975 characters left		
<b>Guardian of Self</b>	<input type="text" value="Unknown"/>		





**Note:** □□□□ □□□□□□□□ □□□□ □ □□□□□□□ □□□ □□□□□

- Medical Information:** This section allows you to enter individual information related to **Developmental Disability, Intellectual Disability, Blood Type, Emergency Orders, Adaptive Equipment**

**Medical Information**

<b>Developmental Disability</b>	Autism	<b>Intellectual Disability</b>	- Please Select -
	Autism		<div style="border: 1px solid #ccc; padding: 5px;"> <div style="background-color: #f0f0f0; padding: 2px;">- Please Select -</div> <input style="width: 100%; height: 20px;" type="text"/> <div style="background-color: #0056b3; color: white; padding: 2px;">- Please Select -</div> <div style="padding: 2px;">Mild</div> <div style="padding: 2px;">Moderate</div> <div style="padding: 2px;">Profound</div> <div style="padding: 2px;">Severe</div> <div style="padding: 2px;">Unspecified</div> </div>
<b>Blood Type</b>	A+	<b>Primary Care Physician</b>	
<b>Other Medical Information</b>			
	About 3000 characters left		
<b>Emergency Orders</b>	Mary may have breathing problems. Therefore, she must carry an inhaler.		
	About 2929 characters left		
<b>Adaptive Equipment</b>	She doesn't need any adaptive equipment.		
	About 2960 characters left		

- Behavior: Behavior Management** This section allows you to enter individual information related to behavior management



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**

|

- Please Select -

- Communication Device
- Non-Verbal
- Partially Verbal
- Sign
- Verbal
- 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.

