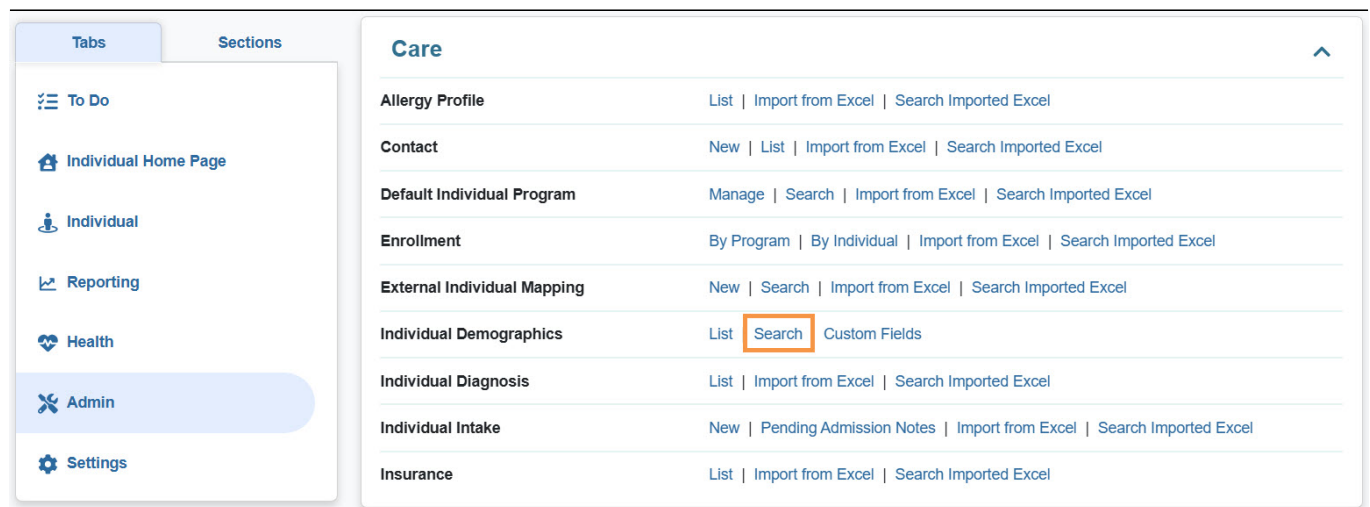# Individual Demographic Form (IDF) – Edit Individual Details

The '**Individual Details**' form contains detailed demographic information of the individual. Information entered in this form appears on the Emergency Data Form (EDF), in the demographic report, and on other reports in the system.

Users assigned with the **IDF Admin** *Administrative Role* will be able to enter and update information in the **Individual Details** page.

1. On the Admin tab, click on the **Search** link beside **Individual Demographic** under the **Care** section.

2. The **Individual Search** page will be opened for searching the preferred individual. Type and select the name of the Individual (the Auto Suggestion box will show the full name of the **Individual** upon entering the first 3 letters of the individual's first or last name. Click on the needed individual's name after it appears, and it will then be displayed in the box). Click on the **Search** button at the bottom right of the page.

Individual Search

Individual	ang
	Angela Mary
	Thabang Motseko
Social Security Number	
Medicaid Number	
Medicare Number	
Form ID	
Birth Date From	MM/DD/YYYY
To	MM/DD/YYYY
Admission Date From	MM/DD/YYYY
To	MM/DD/YYYY
ID Number	
ID Type	- Please Select -
Program (Site)	Search
Entered By	Search
Status	- Please Select -

🗑 Clear Selection

Cancel   Search

3. On the **Individual Search** page, click on the name of the Individual, and the **Individual Demographic Form (IDF)** will be presented. Each section of the IDF now has its own page. Users will be able to navigate to each IDF section by using the links at the bottom of

the form.

Individual Search

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				Admitted	05/01/2010		Rahman, Ferdaus / Supervisor	Rahman, Ferdaus / Supervisor	Rahman, Imran / Teacher	01/05/2017		Asia/Manila

Showing 1 to 1 of 1 entries

Previous　1　Next

Individual Demographic Form (IDF) Admitted ⓘ

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, 1217, 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, 1217, 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	Default Individual Program	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. Click on the **Individual Details** link from the bottom of the page.

Address List	Advance Directives	Album	Allergy Profile
Assessment List	Attached Files	Case Status	Contact List
Custom Fields	Default Individual Program	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			

5. The **Individual Details** page of the individual will be opened. At the bottom of the form, click on **Edit** to view the page in **edit** mode

Individual Details Admitted ⓘ

T-Notes **2**

Individual   Angela Mary

Cancel   Back   Edit

Address List	Advance Directives	Album	Allergy Profile
Assessment List	Attached Files	Case Status	Contact List
Custom Fields	Default Individual Program	Diagnosis List	Guardian List
Health Profile	Individual Demographic Form (IDF)	Individual Home Page	Individual Status History
Insurance	Pending Admission Notes	Program Enrollments	Shared Contact List
Team Members			

- You may enter information in the fields such as Height, Weight Range, Language, Citizenship , Birth Place, Characteristics etc. You can also add a photo and photo date if needed.

Individual Details Admitted ⓘ

Individual	Angela Mary

Photo 2	Add Image	Photo 2 Date	MM/DD/YYYY
Hair Color	Black		
Eye Color	Brown		
Interpreter Needed	- Please Select -		
Primary Oral Language	Other	Filipino	
Primary Written Language	Other	Filipino	
Secondary Oral Language	- Please Select -		
Secondary Written Language	- Please Select -		
Religion	Catholic		
Citizenship	Other	Filipino	
Citizenship Status	- Please Select -		
Marital Status	- Please Select -	Marital Status Date	MM/DD/YYYY
* Individual's Time Zone	Asia/Manila		
Living Arrangement	- Please Select -		

Birth Place

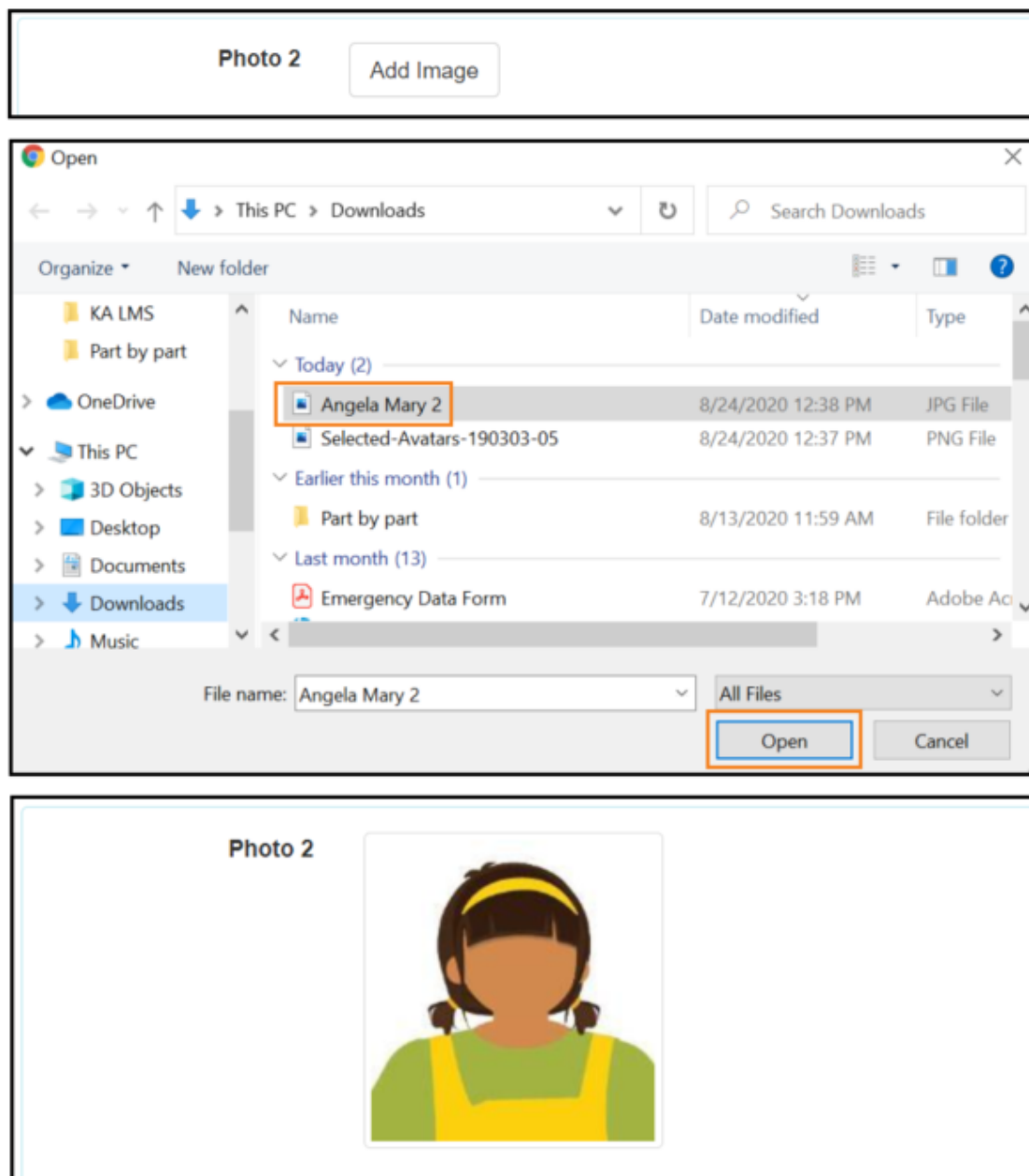|	
Street 1	Street 2
City	State	Zip Code	Philippines
			Country

Characteristics

gets a bit hyper at times

About 2975 characters left

Guardian of Self	Unknown

- To add images of the **individual**, click on the **Add Image** button beside the 'Photo 2' label. You can browse from your computer and **Open** the image. If Photo 1 has not been uploaded in the **Individual** Demographic Form (IDF), then Photo 2 will be displayed on the **Individual** Home Page.

Note: The maximum file size of each photo can be a maximum of 3 MB, and you can only upload .jpg or .jpeg type files.

- **Medical Information:** This section, which is optional, allows you to enter basic information as needed for the individual's medical care. Developmental Disability, Intellectual Disability, Blood Type, Emergency Orders, Adaptive Equipment etc. can be entered under this section.

- **Behavior:** The **Behavior Management** field provides space for a brief description of an individual's behavioral concerns and any associated behavior plans.

Behavior

Behavior Management

Need to handle her very carefully when she is in a bad mood.

About 2940 characters left

- **Guidelines:** T**he 'Guidelines' section**, which is optional, contains basic guidelines for providing care on daily living activities. This includes dietary, eating, communication, mobility, supervision, toileting and bathing guidelines.

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 -

|
- Please Select -
Communication Device
Non-Verbal
Partially Verbal
Sign
Verbal
Other

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. Once the necessary edits are made, click on the **Update** button at the bottom of the form.

Cancel Back			Update

Address List	Advance Directives	Album	Allergy Profile
Assessment List	Attached Files	Case Status	Contact List
Custom Fields	Default Individual Program	Diagnosis List	Guardian List
Health Profile	Individual Demographic Form (IDF)	Individual Home Page	Individual Status History
Insurance	Pending Admission Notes	Program Enrollments	Shared Contact List
Team Members			

A success message will be displayed.

The form IDF-DEMOTPHL-G7Q29D7EDMULW has been successfully updated

Back to Form