

# Individual Demographic Form (IDF) - Edit Individual Details

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Individual [][] Search [][][][] [] [] [] Admin [][][][] [] [] [] .1 . Care "[][][][] [] [] [] Demographic



To Do	Ger	neral
Individual	Provider	Preferences   Password Policy   Archive Preference
Health		New   List   Import from Evcal
Agency	User	Search Imported Excel   Titles   New Title
Admin		Assign External System ID   Self Password Reset
Agency	Ca	are
Reports	Individual Demographics	List   Search   Custom Fields
Individual Home Page	Individual Intake	New   Pending Admission Notes   Import from Excel
Settings	Enrollment	By Program   By Individual   Import from Excel

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Individual Search	
Individual	ang Q
Social Security Number	Angela Mary Thabang Motseko
Medicaid Number	
Medicare Number	
Form ID	
Birth Date From	MM/DD/YYYY 🗰
То	MM/DD/YYYY 🗰
Admission Date From	MM/DD/YYYY 🚔
То	MM/DD/YYYY 🗰
ID Number	
ID Туре	- Please Select -
Program (Site)	Search
Entered By	Search
Status	- Please Select -
Sclear Selection	
Cancel	Search

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#### Individual Search

Filter													15	~ Rec
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	
howing 1 to 1 of 1 en	tries												Previous	1 Ne

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ndividual Demog	graphic Form (IDF) Admitted 0		T-Note:
Individual	Angela Mary		
Photo 1		Photo 1 Date	
Title		Gender	Female
First Name	Angela	Last Name	Mary
Middle Name	i i gene	Suffix	
Birth Date	05/01/2010	Goes By	Angela
SSN		Medicaid Number	
E-mail		Phone Number	
Race	Filipino	Ethnicity / Hispanic Origin	
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	Philippines	Occurrent Disease	
Additional Phone		Secondary Phone	
PDF & Printable			
Cancel Back		SComm Mark as Deceased	Discharge Mark as Pending Admission Edit
Advance Directives	Album	Allergy Profile	Assessment List
Advance Directives Attached Files	Album Case Status	Allergy Profile Contact List	Assessment List Custom Fields

#### .00000 000 00 "00000 00000" Individual Details 0000000 000 .4

- Advance Directives Attached Files
- Diagnosis List
- Pending Admission Notes

Album Case Status Individual Details Program Enrollments Allergy Profile Contact List Individual Home Page Shared Contact List

Assessment List Custom Fields Insurance

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Team Members

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dividual Details Admit	ted 🕄			T-No
Individual Angela	i Mary			
Cancel Back				E
Advance Directives	Album	Allergy Profile	Assessment List	
Attached Files	Case Status	Contact List	Custom Fields	
Diagnosis List	Individual Demographic Form (IDF)	Individual Home Page	Insurance	
Pending Admission Notes	Program Enrollments	Shared Contact List	Team Members	

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Photo 2				Photo 2 Date	08/01/2020	<b></b>
Height	3	-	2	•		
	Feet		Inch			
Weight Range	50		52			
	From lbs		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	<b>#</b>
Admission Date	01/05/2017	<b></b>		Death Date	MM/DD/YYYY	
* Individual's Time Zone	Asia/Manila	•				
Living Arrangement	Living with Parent	•				
Birth Place						
	Street 1			Street 2		
	Manila	itate	~		Philippines	-
	City Stat	e		Zip Code	Country	
Characteristics	gets a bit hyper at times					
	About 2975 characters left					
Guardian of Self	Unknown	•				

### 

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P	hoto 2 Add Image		
Open			X
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Organize • New fo	lder		• 🔳 📀
KA LMS Part by part	<ul> <li>Name</li> <li>✓ Today (2)</li> </ul>	Date modified	Туре
> 📥 OneDrive	Angela Mary 2	8/24/2020 12:38 PM	JPG File
🗸 🏓 This PC	<ul> <li>Selected-Avatars-190303-05</li> <li>Farlier this month (1)</li> </ul>	8/24/2020 12:37 PM	PNG File
<ul> <li>JD Objects</li> <li>Desktop</li> </ul>	Part by part	8/13/2020 11:59 AM	File folder
<ul> <li>Documents</li> <li>Downloads</li> </ul>	Last month (13)     Emergency Data Form	7/12/2020 3:18 PM	Adobe Aci 🗸
File	name: Angela Mary 2	All Files Open	Cancel
F	Photo 2		



- Image: Image:

dical Information			
Developmental Disability	Autism -	Intellectual Disability	- Please Select -
	Autism ×		I
Blood Type		Primary Care Physician	- Please Select -
	AT T		Mild
Other Medical			Moderate
Information			Protound
			Unspecified
	About 3000 characters left		
Emergency Orders	Mary may have breathing problems. There	fore, she must carry an inhaler.	
	About 2929 characters left		<i>I</i> /
Adaptive Equipment	She doesn't need any adaptive equipment		
	About 2960 characters left		

### 0000 0000 Behavior Managment 00000 0000 000 0000 : Behavior 000000 •



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Behavior		
Behavior Management	Need to handle her very carefully when she is in a bad mood.	
	About 2940 characters left	

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Dietary Guidelines	Mary can eat only processed foods	
	About 2967 characters left	
Eating Guidelines	She needs assistance while eating	
	About 2967 characters left	1
Communication		
Modality	- Please Select -	
Communication		
Modality Other	- Please Select -	
	Communication Device	
	Partially Verbal	
	Sign	
	Other	
Communication Comments	Guidi	
	About 3000 characters left	
Mobility	Walks on own	
Mobility Comments		
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	About 3000 characters left	
Supervision	About 3000 characters left Independent	
Supervision	About 3000 characters left Independent	B
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Supervision Supervision Comments Food Texture	About 3000 characters left Independent  About 3500 characters left Whole or Normal consistency	sistency Thin
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Supervision upervision Comments Food Texture Toileting Status Mealtime Status	About 3000 characters left Independent  About 3500 characters left Whole or Normal consistency Requires Physical Assistance/Equi Requires Support to Eat	sistency Thin • g Status Requires Support to Bath/Shower •
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Advance Directives	Album	Allergy Profile	Assessment List
Attached Files	Case Status	Contact List	Custom Fields
Diagnosis List	Individual Demographic Form (IDF)	Individual Home Page	Insurance
Pending Admission Notes	Program Enrollments	Shared Contact List	Team Members

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The form IDF-DEMOTPHL-G7Q29D7EDMULW has been successfully updated

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