

LIFE SHARING NETWORK INDIVIDUAL FACT SHEET

BACI

DATE:

PERSONAL INFORMATION					
First Name		Middle Name		Last Name	
Preferred Names		Date of Birth		Gender	
Height		Weight		Hair Colour	
Eye Colour		Personal Health Number		Social Insurance Number	
CONTACT INFORMATION					
Address					
City			Province	Postal Code	
Phone Number				Alternate Number	
Emergency Contact		Relationship		Phone Number	Alternate Number
Emergency Contact		Relationship		Phone Number	Alternate Number
LIVING SITUATION					
CULTURAL BACKGROUND					
i.e. religion, beliefs, traditions/practices, language spoken, etc.					

DECISION MAKING

[Empty space for notes]

COMMUNICATION SUPPORT

[Empty space for notes]

CURRENT MEDICATIONS

Medication	Dosages	Times taken	Uses	How to take these medications

PERTINENT HEALTH ISSUES	
Allergies	
Diagnosis	

Behavioural	
Psychiatric Diagnosis	
Mobility Aids	
Diet & Nutrition (attach mealtime guidelines)	
SPECIAL CONSIDERATIONS	
Feeding/ Eating Support	
Personal Hygiene & Oral Care Support	
Skin Care	

<p>Sleep Patterns</p>	
<p>Bladder & Bowel Function</p>	
<p>Safety Requirement</p>	
<p>Daily Living Support</p>	

<p>CIRCLE OF NATURAL SAFEGUARDS</p>	
<p>Examples of description of relationship/involvement in person's life</p>	
<ul style="list-style-type: none"> • Mother-mom visits her at home once a month. Meet mom for dinner at the pantry every Saturday. Spend overnights at her mom's house once every 6 weeks, etc • Mary- friend- gets together once a month. Make arrangement through phone call (dinner out or theatre, or bingo at Mary's house, Mary over for tea, etc) 	

<p>FAMILY</p>		
<p>Name</p>	<p>Description of relationship/involvement in person's life</p>	
<p>Address</p>	<p>Phone Number</p>	<p>Email</p>
<p>Name</p>	<p>Description of relationship/involvement in person's life</p>	
<p>Address</p>	<p>Phone Number</p>	<p>Email</p>

Name	Description of relationship/involvement in person's life	
Address	Phone Number	Email
Name	Description of relationship/involvement in person's life	
Address	Phone Number	Email
Name	Description of relationship/involvement in person's life	
Address	Phone Number	Email

FRIENDS		
Name	Description of relationship/involvement in person's life	
Address	Phone Number	Email
Name	Description of relationship/involvement in person's life	
Address	Phone Number	Email
Name	Description of relationship/involvement in person's life	
Address	Phone Number	Email
Name	Description of relationship/involvement in person's life	
Address	Phone Number	Email

SERVICE PROVIDERS		
Name	Description of relationship/involvement in person's life	
Address	Phone Number	Email
Name	Description of relationship/involvement in person's life	
Address	Phone Number	Email
Name	Description of relationship/involvement in person's life	
Address	Phone Number	Email
Name	Description of relationship/involvement in person's life	
Address	Phone Number	Email

COMMUNITY MEMBERS OR ACQUAINTANCES ie: class instructor, co- worker, grocery store clerk, employer, volunteer supervisor		
Name	Description of relationship/involvement in person's life	
Address	Phone Number	Email
Name	Description of relationship/involvement in person's life	
Address	Phone Number	Email
Name	Description of relationship/involvement in person's life	
Address	Phone Number	Email

