

BACI's LSN Person's Fact Sheet

PERSONAL INFORMATION			
First Name	Middle Name	Last Name	
Preferred Names	Date of Birth	Gender/Prefer not to Identify/Non-binary/Specific Gender Identity	
Height	Weight	Hair Colour	
Eye Color	Personal Health Number		
Address	City	Province	Postal Code

CONTACT INFORMATION			
Emergency Contacts	Relationships	Phone Number	Alternate number & E-mail
Place an X on the line if applicable			
<input type="checkbox"/> Power of Attorney <input type="checkbox"/> Representation agreement <input type="checkbox"/> Public Guardian & trustee Other: _____			

BRIEF DESCRIPTION OF THE PERSON - Include things that are "important to" (i.e., food, entertainment, people, etc.), "important for" (i.e., health and safety challenges) and how to best support the person.

LIVING SITUATION
CULTURAL BACKGROUND

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DECISION MAKING

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COMMUNICATION SUPPORT- details of support and include if there is a safety plan or support plans in place.

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CURRENT MEDICATIONS - include a list of medications including dosages, times, uses and how the medication is administered.

Medication	Dosage	Times	Uses	Route

PERTINENT HEALTH ISSUES

Allergies	
Medical Diagnosis	
Disability	
Psychiatric Diagnosis	

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Mobility Aids	
Diet & Nutrition (attach mealtime guidelines)	

SPECIAL CONSIDERATIONS	
Feeding/Eating Support	
Personal Hygiene & Oral Care Support	
Bathing Routine	
Skin Care	
Sleep Patterns	
Bladder & Bowel Function	
Safety Requirement	
Daily Living Support	

CIRCLE OF NATURAL SAFEGUARDS – people who care about the person, roles they play in their life. Provide details.

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

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Name	Description of relationship/involvement in person's life	
Address	Phone Number	Email
COMMUNITY MEMBERS OR ACQUAINTANCES - i.e., class instructor, co-workers, co-volunteers		
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

HEALTH CARE PROVIDERS - i.e., doctor, pharmacy, dentist, specialist, podiatrist, optometrist, dietician, nurse, OT, PT, neurologist.				
Service Area	Name	Address	Phone Number	Fax Number/Email

Please attach a photo of the person served.

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