

Electronic Referral Packet Instructions

First, thank you for inviting me to come and visit. Thanks too for taking time to fill out this electronic referral packet. It is really helpful to have information about you/the person in advance so that I can be as helpful as possible.

Start by downloading the Electronic Referral Packet Outline from my web site: www.dimagine.com.

Remember to involve the person in every way possible (I am assuming you have permission to send me the information).

Headings. The referral packet is a word document with several major headings. Simply type in the information and allow the space between headings to increase as needed (don't feel confined by the space between headings). Provide the best answers you can (ask for help if you need help).

1. **First Things First.** Self-explanatory.
2. **Best Qualities and Strengths.** *Describe the person's best qualities and strengths.*
3. **Dreams and Aspirations.** *What are the person's dreams and hopes for the future? If the person has a person-centered plan, please have a copy that I can review during my visit.*
4. **Current Living Situation.** *Describe the kind of place the person is currently residing, how many other people does he/she live with, the person's relationship with these people (e.g., family members, other people experiencing disabilities) and, if appropriate, the staffing pattern.*
5. **Daytime Activities.** *Describe a typical day for the person. What does he/she do? Where does he or she go?*
6. **Relationships.** *Who are the most important people in the person's life? How often does he/she see these people? Has anyone close to the person died recently or left (e.g., a favorite staff person leaving to take a new position or job)?*
7. **Story/Social History.** *Describe what you know of the person's story (social history). Be as thorough as possible.*
8. **History of Trauma.** *Describe any experiences of trauma you think the person might have experienced, along with information taken from available records.*
9. **Communication.** *How does the person communicate with others? If the person does not reliably use words to communicate, how does he/she do so?*
10. **Difficult behaviors.** *Describe, in terms that your grandmother would understand, three difficult behaviors that concern you most (e.g., if the person engages in self-injurious behavior, describe precisely how the person hurts self, describing the part of the body the person hurts). Also provide information about the frequency, intensity and duration of these behaviors if the information exists.*
11. **Diagnostic Labels.** *List the person's current diagnostic labels. Include, if available, labels that have been used in the past to describe the person.*

12. **Medical conditions.** *List any known medical problems the person may have experienced or is experiencing, along with the treatment regimen and outcome/expected outcomes for each.*
13. **Medications and Supplements.** *List any medications the person is currently taking, along with the current dosage and the date the person first began taking the medication. Include over-the-counter medications and a list of vitamins and supplements.*
14. **Emergency Room.** *Has the person been admitted into an emergency room over the last 12 months? If so, why?*

Photo. If it is possible to attach a photo of the person (with his/her permission of course), please do so.

Additional information: There are a variety of reports, plans and assessments that might be helpful during my visit. Please have them available at the time of my visit:

- a. Behavior support plan (or any written information about the function(s) of a person's behavior (s) and what you do when a behavior is occurring.
- b. Report of most recent physical exam (including blood work)
- c. Psychology reports (including social history) and other relevant evaluations
- d. Release of information packet

Thanks so much!

Best wishes-

David Pitonyak, Ph.D.

For additional information, visit my web site:

www.dimage.com

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