

**GROWTH & OPPORTUNITY, INC.**

**Face Sheet**

**SECTION I: G&O USE ONLY**

Case/Payroll No. \_\_\_\_\_ Admission Date: \_\_\_\_\_  
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**SECTION II: PERSONAL DATA**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Sex: M F

Address: \_\_\_\_\_ Soc. Sec. No. : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Home Care Operator: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
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**SECTION III: EMERGENCY INFORMATION**

**Primary Emergency Contact:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

**Alternate Emergency Contact:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Treatment Authorization (Guardian Signature):** \_\_\_\_\_  
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**SECTION IV: GUARDIANSHIP INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Type of Guardianship: \_\_\_\_\_ Full \_\_\_\_\_ Partial  
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**SECTION V: MEDICAL INFORMATION**

Insurance: \_\_\_\_\_ Policy No: \_\_\_\_\_

Physician: \_\_\_\_\_ Last Neg. TB Test: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_ Seizures: \_\_\_\_\_ Yes \_\_\_\_\_ No Type \_\_\_\_\_

Current Medications: \_\_\_\_\_ Dosage: \_\_\_\_\_ Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**SECTION VI:**

Physical Limitations: \_\_\_\_\_

Functional Limitations: \_\_\_\_\_

Primary Disability: \_\_\_\_\_ Secondary: \_\_\_\_\_

Primary Language Used: \_\_\_\_\_