

Face Sheet

1. Consumer Name:	2. Phone:	3. Date of Birth Age:	4. Medicaid #:
5. Consumer Address	6. Principal Diagnosis:	7. Physicians: <i>(include name and phone number)</i>	
8. Pertinent Past and Present Medical History <i>(Include: surgeries, hospitalizations, etc.)</i>	9. Activity Level:	10. Safety Measures:	11. Equipment:
Food Allergies: Diet:			
12. Treatment Record:	13. Family/Other Back Up Persons: <i>(Include Names and Phone Numbers)</i>		
14. CareStar Case Manager: <i>(Name and Phone number with extension)</i>			
15. Marital Status:	Sex:	Race:	
16. Medications – List all medications that the Consumer takes on the back of this form and update the list as needed.			
17. DRUG ALLERGIES:			
18. Code Status:		Advance Directives: YES NO	

Instructions for completing Face Sheet

Update Face Sheet Following any change in condition, birthday or addition of new diagnosis or medications.

- Section 1: Write Consumers Name
- Section 2: Consumer's Phone Number
- Section 3: Consumer's Date of Birth and current age of the consumer
- Section 4: Consumer's Medicaid Number
- Section 5: Consumer's Address
- Section 6: Principal Diagnosis (List all known Diagnosis for the consumer)
- Section 7: List all **Physician's** that provide care for the Consumer
- Section 8: List all known surgeries, hospitalizations (be as specific as you can). List any **food allergies** and the **diet** ordered by physician.
- Section 9: **Activity Level** – This level is things like: (up as tolerated, up in wheelchair for 2 hours in AM and PM). These may be limitations as to what the Consumer is able to do physically.
- Section 10: **Safety Measures** – These are things that the Consumer may need to remain safe, (ex. Seatbelt when up in wheel chair, bed rails up when in bed, Emergency Response system within reach)
- Section 11: **Equipment** – This is the type of equipment that is used by the Consumer. (ex. Type of Wheelchair, hooyer lift, bedside commode, transfer bench or board, braces, supports, etc...)
- Section 12: **Treatment Record** – List any skilled nursing services, therapy services
- Section 13: List the individuals here that may be utilized as a **back up** in the event that you are another person cannot work their scheduled shift.
- Section 14: Put the name and phone number with extension, of the **CareStar Case manager**
- Section 15: List the consumer's **martial status, sex and race.**
- Section 16: **Medications** –. List all medications that the Consumer takes on the back of this form and update the list as needed. When a medication is discontinued, write the date out to the right side of it and put the initials D/C for discontinued.
- Section 17: **List drug allergies**
- Section 18: **List the code status.** **Circle** whether the consumer has executed **Advance Directives** concerning their health care interventions during times of crisis.