

Behavior Profile

Check all areas of client behavior that you have experience working with. Provide details of experience.

<input type="checkbox"/>	BEHAVIOR	EXPERIENCE
	Addiction - Alcohol	
	Addiction – Drugs	
	Aggressive – Physically	
	Aggressive – Verbally	
	Agitated	
	Apathetic	
	Cognitive Problems	
	Confused	
	Demanding	
	Depression	
	Disorder – Paranoid	
	Disorder – Schizophrenic	
	Eating Disorder	
	Extraverted/Introverted	
	Forgetful	
	Frail	
	Hallucinations	
	Hearing - Deaf	
	Hearing – Impaired	
	Illiterate	
	Incontinent	
	Insomnia	
	Kleptomaniac	
	Lonely	
	Mentally Challenged	
	Obsessive Compulsive	
	Pain	
	Seizures	
	Sexual Expressions	
	Speech – Impediment	
	Speech – Mute	
	Suicidal	
	Violent	
	Vision – Blind	
	Vision – Impaired	
	Wanders	

Experience Profile

Please check your experience working with clients that were assessed with any of the following:

General Status:

Allergies/Sensitivities: Food Environmental Other _____

Skin Conditions: Bed Sores Topical Other _____

Diabetes: Type _____ Control type: Insulin Oral hypoglycemic Diet controlled

Mental Disabilities: Dementia Alzheimer's Other _____

Mobility: Bedridden Assistance Required

Limbs: Impairment Tremor Amputation Prosthesis

Assistive Devices: Mechanical Lifts Walker Cane Crutches Wheelchair
 Hearing Aid Prosthetics Leg Brace Neck Brace Other

Functional Status:

Transferring: Assist Total care

Feeding: Assist Total care

Apetite: Fair Poor

Bathing: Assist Bed

Meal Prep: Assist Total care

Housework: Assist Total care

Toileting: Assist Incontinent Bladder Bowel Ostomy/Catheter

Sensory Perception:

Vision: Impaired Blind Contacts Glasses

Hearing: Impaired Deaf Hearing Aid

Speech: Impaired Aphasic Language spoken _____

Literacy: Illiterate

Pain: Acute Chronic Location _____

Nutrition:

Mouth: Partial Dentures No teeth Infection Drooling

Feeding: Supervision Assistance Total feed Choking Problem Swallowing Problem

Diet: Supervised Strict Supplements

Notes:

The information contained within this document is not shared with any third parties. The information is used for matching employee skills with client needs and is kept in the employee's personnel file during employment. The Employee, by signing this document gives the employer consent to collect the information contained herein and use for the specified purpose. I certify that all information provided in this document is accurate and true to the best of my knowledge, and I understand that intentionally providing false information could result in disciplinary action or termination of employment.

Signed _____ Date _____