



**parks,
recreation
& facilities**

City of Portland
Parks, Recreation and Facilities Management
Adapted Services Program
 212 Canco Road, Suite A, Portland, Maine 04103
Main Office: 207-808-5400
Recreation Inclusion Supervisor: 207-808-5437

Intake Profile

This form is to be completed by an individual who knows the patient well other than a family member. This may be a physical therapist, special education teacher, social worker or a case manager. The information contained on this form will help the Adapted Services staff develop goals and objectives for participation and determine the amount of assistance needed to participate in activities offered.

REFERRING PARTY INFORMATION

Name of Referring Party: _____ Title or Job Position: _____
 Name of Agency: _____
 Mailing address: _____
 City: _____ State: _____ Zip Code: _____
 E-mail Address: _____
 Phone: _____ Fax: _____

PARTICIPANT INFORMATION

Name: _____ Date of Birth: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Name of Parent or Guardian: _____
 E-mail Address: _____

REFERRAL RECOMENDATION INFORMATION

This referral is the recommendation of: _____
 Contact Person: _____ Phone Number: _____
 E-mail Address: _____
 Reason for the referral and goal areas to be addressed:
 ❖ _____
 ❖ _____
 ❖ _____
 ❖ _____
 ❖ _____

PLEASE DESCRIBE INDIVIDUAL'S DISABILITY AND SPECIAL NEEDS

Physical: _____
 Emotional: _____
 Cognitive: _____
 Multiple Needs: _____

Is the individual's mental health and emotional functioning stable? Yes No
Are there any food allergies? Yes No
What foods? _____

Medications: Please list ALL medications taken by the individual:

Is the individual subject to seizures? Yes ____ No ____ If yes, What type? _____

Does the individual experience an aura prior to the onset of a seizure? Yes ____ No ____ If yes, Please describe: _____

Physical Functioning~Describe self-care abilities, attention to hygiene, and dressing capabilities:

Please describe coordination, mobility and use of assistive devices:

Communication Skills:

Expressive Language: _____

Receptive Language : _____

Comprehension Ability:

Ability to understand directions/recall information (memory): _____

Best way to present information: _____

Ability to attend to task: _____

Social Functioning:

Describe relationships with peers, staff, family and self: _____

Describe socialization skills, manners, appropriateness of behavior and exposure to the community: _____

Strategies that work well to facilitate participation and learning:

Behavior Plan

Does the individual have a defined behavior plan? Yes No

If yes, please attach a copy of the plan to this form or let us know how you would like us to address behavioral concerns here at the pool.

