City of Portland
Parks, Recreation and Facilities Management
Therapeutic Recreation Services
212 Canco Road, Ste A, Portland, Maine 04103
Main Office: 207-808-5400
Rose Cronin: 207-808-5437
Email: rc@portlandmaine.gov

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 Center for Therapeutic Recreation 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.

_____
_____
_____
_____
_____
_____
_____