COMPREHENSIVE ASSESSMENT FORM §650

<table>
<tr><td colspan="3">First Name:</td><td colspan="4">Last Name:</td></tr>
<tr><td colspan="3">Address :</td><td colspan="4">City, State, Zip: Annandale, VA, 22003</td></tr>
<tr><td colspan="3">Home Phone :</td><td colspan="4">Agency Phone: 703-479-8716</td></tr>
<tr><td>Birth Date:</td><td>Age:</td><td>Sex:</td><td colspan="2">Race:</td><td>Height:</td><td>Weight:</td></tr>
<tr><td colspan="3">Social Security # :</td><td colspan="2">Hair Color:</td><td>Eyes:</td><td></td></tr>
<tr><td>Medicaid #:</td><td colspan="4">Insurance :</td><td></td><td></td></tr>
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1. Onset and duration of problems:

2. Social, behavioral, developmental, and family history and supports:

i. ____
____
____
____
____

3. Cognitive functioning including strengths and weaknesses:

____
____
____
____

4. Employment, vocational, and educational background: See IEP, Previous day support if present

____
____
____

5. Previous interventions and outcomes:

- ____________________________
- ______________________________

6. Financial resources and benefits: ______________________________

7. Health history and current medical care needs, to include:

a. Allergies: ____

b. Recent physical complaints and medical conditions________________________________

c. Nutritional needs: ____

d. Chronic conditions: ____

e. Communicable diseases: ____

f. Restrictions on physical activities if any: ____

g.Restrictive protocols or special supervision requirements: __________________________________

h. Past serious illnesses, serious injuries, and hospitalizations______________________________________

____

____

i. Serious illnesses and chronic conditions of the individual's parents, siblings, and significant others in the same household: ____

j. Current and past substance use including alcohol, prescription and nonprescription medications, and illicit drugs.

____

8. Psychiatric and substance use issues including current mental health or substance use needs, presence of co-occurring disorders, history of substance use or abuse, and circumstances that increase the individual's risk for mental health or substance use issues:____

9. History of abuse, neglect, sexual, or domestic violence, or trauma including psychological trauma:

____

10. Legal status including authorized representative, commitment, and representative payee status:

____

11. Relevant criminal charges or convictions and probation or parole status:______________________________

12. Daily living skills: ____

____

13. Housing arrangements: ____

____

14. Ability to access services including transportation needs: _______________________________________

15. Fall risk: ____

16. Communication methods or needs: ____

17. Mobility and adaptive equipment needs: ____

QDDP Name ____

Signature___________________________________ **Date**__________________________