

Person Supported / Care Recipient: _____

DOB (optional): _____

Caregiver Providing Information: _____

Relationship: _____

This form gives information for consideration. It does not authorize disclosure back to the caregiver, require a response, or replace emergency communication.

SUBMISSION DESTINATION & DELIVERY

Organization / agency: _____

Provider / department: _____

Recipient name / role: _____

Caregiver phone / email: _____

Date submitted: _____

Time: _____

Method:

☐ Portal

☐ Email

☐ Fax

☐ Mail

☐ In person

WHY ARE YOU SUBMITTING INFORMATION?

Primary reason

- ☐ Change from usual functioning
- ☐ Medication concern
- ☐ New / increased safety concern
- ☐ Self-care, food, sleep, or daily-living concern
- ☐ Missed appointment / service / follow-up
- ☐ Need caregiver observations added to the record

Timeframe covered - from: _____

to: _____

How often has this happened?

- ☐ One event
- ☐ More than once
- ☐ Daily / nearly daily
- ☐ Pattern over several weeks / months
- ☐ Frequency unknown
- ☐ Other: _____

USUAL FUNCTIONING & WHAT CHANGED

What is usual in this area?

Briefly describe what is typical for the person.

What changed or is concerning now?

Record what was seen, heard, or directly reported. Avoid guessing the cause.

SPECIFIC OBSERVATIONS

Dates, times, sequence, exact words, and differences from usual functioning:

Areas affected

- ☐ Sleep / wake
- ☐ Eating / drinking / food safety
- ☐ Medication
- ☐ Hygiene / personal care
- ☐ Communication / task completion
- ☐ Mood / fear / withdrawal / agitation
- ☐ Money / online / judgment
- ☐ Leaving home / community safety
- ☐ Fire / water / chemicals / appliances / tools

Person Supported / Care Recipient: _____

Date Prepared: _____

SAFETY & URGENCY

- | | |
|--|---|
| ☐ Routine information for the record | ☐ No immediate safety concern identified |
| ☐ Time-sensitive concern | ☐ Concern for person supported |
| ☐ Same-day review requested | ☐ Concern for caregiver / household member / dependent |
| ☐ Emergency / crisis services already contacted | ☐ Medication / food / fire / water / chemical / tool concern |
| ☐ Urgency unclear | ☐ Leaving home / getting lost / community safety concern |

CAREGIVER ACTIONS ALREADY TAKEN

- | | |
|---|--|
| ☐ Continued monitoring / documentation | ☐ Contacted family / support person |
| ☐ Used calm communication / existing support plan | ☐ Contacted provider / agency |
| ☐ Reduced noise / people / stimulation | ☐ Contacted crisis / emergency service |
| ☐ Secured medication / tools / chemicals / valuables | ☐ No action needed beyond documentation |
| ☐ Provided reminders / assistance / direct supervision | ☐ Other: _____ |

What happened after the caregiver action:

WHAT ARE YOU ASKING THE PROVIDER / AGENCY TO CONSIDER?

- | | |
|---|--|
| ☐ Place this information in the record | ☐ Address at next appointment / meeting |
| ☐ Review the reported change / concern | ☐ Coordinate with appropriate team / department |
| ☐ Review medication / treatment / service plan | ☐ Acknowledge receipt if permitted |
| ☐ Contact the person supported directly | ☐ Other: _____ |

Questions / additional context (do not request confidential information unless you have appropriate authorization):

ATTACHMENTS, SUBMISSION PROOF & FOLLOW-UP

Attachments included

- ☐ Daily functioning log
☐ Weekly pattern summary
☐ Daily medication log
☐ Incident / safety record
☐ Communication / follow-up log
☐ Medical disability / communication profile
☐ No attachment

Submission / follow-up

- ☐ Portal / email confirmation retained
☐ Fax / mail / in-person proof retained
☐ Receipt verbally confirmed
☐ No confirmation received
☐ Caregiver will follow up
☐ Awaiting response
☐ Response received

Reference / confirmation #: _____

Follow-up date planned: _____

No response as of: _____

Response / next step: _____

I have tried to distinguish information I directly observed from information reported by someone else or found in records available to me. Submitting information does not guarantee a response, appointment, service change, or treatment change. This form does not create consent, guardianship, conservatorship, decision-making authority, or a provider-patient relationship.