

# PERSONAL ACTION LIST

Recent Photo

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE: \_\_\_\_\_

## MEDICAL DIAGNOSIS

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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

LIKES

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## CAREGIVERS

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- \_\_\_\_\_
- \_\_\_\_\_

DISLIKES

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## DE-ESCALATION TECHINQUES

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## ADDITIONAL INFORMATION

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