

St. Clair County Community Mental Health Authority

CIS Rider Profile

Personal Information

Individual's Full Legal Name: _____ Case #: _____

Preferred Name: _____

Emergency Contact & Number: _____

Home Address: _____

Case Holder: _____ CMH Extension: _____

Medical/Behavioral Information

- | | | |
|--|--|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Deaf/Hearing Impaired | <input type="checkbox"/> Intellectual Disability
<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Non-Verbal | <input type="checkbox"/> Self-Injurious Behaviors |
| <input type="checkbox"/> Blind/Visually Impaired | <input type="checkbox"/> No sense of danger | <input type="checkbox"/> Violent Outburst |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Prone to seizures/Epileptic | <input type="checkbox"/> Verbally Aggressive |

Allergies (if applicable): _____

Other Medical Information: _____

Medications: _____

Environmental/Transitions Notes

- | | | |
|--|---|--|
| <input type="checkbox"/> Assistance Required | <input type="checkbox"/> Elopement Risk | <input type="checkbox"/> Sensitivity to:
<input type="checkbox"/> Lights <input type="checkbox"/> Smells <input type="checkbox"/> Sounds <input type="checkbox"/> Touch |
| <input type="checkbox"/> Uses Transition Items | <input type="checkbox"/> Fall Risk | <input type="checkbox"/> Seat Preference: _____ |

Interests & Skills

Interest/Preferences: _____

Effective De-Escalation /Coping Strategies: _____

Other Comments: