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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date de la demande | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour entrer une date. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D.I. | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Répit 24h+ | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| D.P. | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Profil A | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Autre | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Profil B | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **DOSSIER DE LA PERSONNE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom | | | Cliquez ici pour taper le nom. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Prénom | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper le prénom. | | | | | | | | | | | | | | | | | |
| Adresse | | | | | | | | | | Cliquez ici pour taper # civique, rue et app. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Municipalité | | | | | | | | | | | | | | | | | Cliquez ici pour taper la ville. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Code postal | | | | | | | | | | | | | | | | Cliquez ici pour taper le code postal. | | | | | | | | | |
| Tél. Rés. | | | | | | | | | | | | | | | Cliquez ici pour taper # tél. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Tél. Cellulaire | | | | | | | | | | | | | | | | Cliquez ici pour taper # cell. | | | | | | | | | |
| Tél. Travail | | | | | | | | | | | | | | Cliquez ici pour taper # tél. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Poste | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | |
| Courriel | | | | | | | | | | | | | | Cliquez ici pour taper le @. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date de naissance | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour entrer une date. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Âge | | | | | | | | | Cliquez ici pour taper l’âge. | | | | | | | | | |
| NAM | | | Cliquez ici pour taper le # assurance maladie. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expiration | | | | | | | | | | | | Cliquez ici pour taper la date d’expiration. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Poids | | | | | Cliquez ici pour taper le poids. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Sexe | | | | | | | | | | | | féminin | | | | | | | | | | | | | | | | | | | | | | | | | masculin | | | | | | |
| Langue parlée | | | | | | | | | | | | | | | | | | | | | | Français | | | | | | | | | | | | | | | | | | | | | | Anglais | | | | | | | | | | | | | | | | | | | | | | | | | autre | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | |
| **REQUÉRANT(E)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Famille naturelle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Lien avec l’usager : | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recevez-vous du soutien à la famille (SAF)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y a-t’ il un(e) inter pivot au dossier | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Établissement : | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | |
| Nom de l’inter pivot: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper le nom. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| # de tél : | | | | | | | | | | | | | | | | | Cliquez ici pour taper le #tél. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Poste : | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | |
| Nom | | | | Cliquez ici pour taper le nom. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Prénom | | | | | | | | | | | | | | | | | Cliquez ici pour taper le prénom. | | | | | | | | | | | | | | | | | | | | | | | |
| Adresse | | | | | | | | | Cliquez ici pour taper #civique, rue et app. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ville | | | | | | | | | Cliquez ici pour taper la ville. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Code postale : | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper le code postal. | | | | | | | | | | | | | | | |
| Tél : | Cliquez ici pour taper le # tél. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Courriel : | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper le @. | | | | | | | | | | | | | | | | | | | | |
| **URGENCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom | | | | Cliquez ici pour taper le nom. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Prénom | | | | | | | | | | | | | | Cliquez ici pour taper le prénom. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lien | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Tél : | | | | | | | | | | | | Cliquez ici pour taper le # tél. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom | | | | Cliquez ici pour taper le nom. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Prénom | | | | | | | | | | | | | | Cliquez ici pour taper le prénom. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lien | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Tél : | | | | | | | | | | | | Cliquez ici pour taper le # tél. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BESOINS DE RÉPIT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Est-ce que la ressource peut : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fumeur | | | | | | | | | | | | | | | | | | | | | | Animaux | | | | | | | | | | | | | | | | | | | | | | | Piscine | | | |
| Besoin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fin de semaine | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Combien de fds par mois | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | |
| Sur semaine | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Combien de jours par sem. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | |
| Lundi | | | | | | | | Mardi | | | | | | | | | | | | | | | | | | | | Mercredi | | | | | | | | | | | | | | | | | Jeudi | | | | | | | | | | | | | | Vendredi | | | | | | | | | | | | | | | | | | | Samedi | | | | | | | | | | | Dimanche | | |
| **RAPPORT SOMMAIRE ( diagnostique et description )** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| La personne a-t-elle des besoins spécifiques, routine, attentions particulière? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Caractéristiques comportementales? Comment réagir? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Antécédents médicaux qui ont une incidence sur la vie de tous les jours? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maladie à divulgation obligatoire? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **SPÉCIFICITÉ RESSOURCE ADAPTÉE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rampe d’accès | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barres d’appui | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bain adapté | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chaise de bain | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lit d’hôpital | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lève-personne | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Autres | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **ALLERGIES à quoi / Intervention** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alimentaire | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Médicament | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Animale | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Végétale | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Peur/Phobie | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| La personne porte-elle un bracelet ou autre? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **COMMUNICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Verbale | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non verbale | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Par signes | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Picto ou tableau | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Autre | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **ÉLIMINATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incontinence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type | | | | | | | Couche/Culotte d’incontinence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Aide requise | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urinaire | | | | | | | Jour | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | nuit | | |  | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fécale | | | | | | | jour | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | nuit | | |  | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **MOBILITÉ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seul | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Avec aide | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| En fauteuil | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Orthèse | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prothèse | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Autre | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| commentaires | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **HYGIÈNE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Types | | | | | | | | | | | | | | | | | | | | | Aide totale | | | | | | | | | | | | | | | | | | | | | Avec aide | | | | | | | | | | | | Seul | | | | | | | | | | | | | | Commentaires | | | | | | | | | | | | | | | | | | | | | | | |
| Dents | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | |
| Bain | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | |
| Douche | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | |
| Habillement | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | |
| Menstruation | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | |
| Cheveux | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **ALIMENTATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seul | | Avec aide | | | | | | | | | | | Aide  totale | | | | | | | | | | | | | | Ustensiles  adaptés | | | | | | | | | | | | | | | | | | | | | | | | | | Besoins spécifiques  (Purée ou autre…) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Diète spéciale | | | | | |
|  | |  | | | | | | | | | | |  | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | |
| Commentaires | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Collation | | | | | | | | | | | | | | | | | | | | | | | | | | | Aliments permis | | | | | | | | | | | | | | | | | | | | | | | | | | Commentaires | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AM | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PM | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Soirée | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **ORIENTATION ET CAPACITÉS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temps | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Espace | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Personnes | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jugement | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Compréhension | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mémoire | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attention | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **SOMMEIL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heure approximative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Avec aide | | | | | | | | | | | | Sans aide | | | | | | | | | | | | | | | | Commentaires | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coucher | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heure approximative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Avec aide | | | | | | | | | | | | Sans aide | | | | | | | | | | | | | | | | Commentaires | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insomnie | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | Intervention | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sieste | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | Heure approximative et durée | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **AFFECTIF** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Capacité d’exprimer ses sentiments, ses besoins : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **SEXUALITÉ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Si sexualité il y a, comment la personne exprime-t-elle sa sexualité? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | |
| 1. **HABILETÉS SOCIALES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Capacité d’entrer en relation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Avec l’adulte | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Avec ses pairs | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **MÉDICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom du Rx | | | | | | | | | | | | | | | | | | | | | | | | | | Raisons | | | | | | | | | | | | | | | | | | | | | | | | | | Dosage | | | | | | | | | | | | | | | | | | | | | | | | | | | | Heure(s)  D’administration ou au besoin | | | | | | | | | | | Commentaires |
| Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | Cliquez ici pour taper du texte. |
| Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | Cliquez ici pour taper du texte. |
| Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | Cliquez ici pour taper du texte. |
| Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | Cliquez ici pour taper du texte. |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rx sans ordonnance | | | | | | | | | | | | | | | | | | | | | | | | | | Raisons | | | | | | | | | | | | | | | | | | | | | | | | | | Dosage | | | | | | | | | | | | | | | | | | | | | | | | | | | | Heure(s) adm. | | | | | | | | | | | Commentaires |
| Fourni par la famille  Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | Cliquez ici pour taper du texte. |
| Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | Cliquez ici pour taper du texte. |
| Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | Cliquez ici pour taper du texte. |
| Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | Cliquez ici pour taper du texte. |
| 1. **CAPACITÉS SENSORIELLES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Visuelle (lunette?) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Auditive (appareil?) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **GOÛTS ET INTÉRÊTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alimentaire | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Il aime beaucoup | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Il n’aime pas du tout | | | | | | | | | | | | | | | | | | | | | |
| Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | |
| Activités | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Il aime beaucoup | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Il n’aime pas du tout | | | | | | | | | | | | | | | | | | | | | |
| Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | |
| 1. **DÉPENSES PERSONNELLES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pour ses achats | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aide totale | | | | | | | | | | | | | | | |  | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Avec aide | | | | | | | | | | | | | | | |  | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seul | | | | | | | | | | | | | | | |  | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **ROUTINE DE VIE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **À remplir seulement si l’usager ne peut déroger de sa routine habituelle** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Déjeuner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Activités AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dîner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Activités PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Souper | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Soirée | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coucher | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nuit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| La personne consomme-t-elle de l’alcool? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Oui | | | | | | | | | | | | | | | | | | | | | Non | | | | | | | | | | | Occasionnel | |
| La personne consomme-t-elle de la drogue? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Oui | | | | | | | | | | | | | | | | | | | | | Non | | | | | | | | | | | Occasionnel | |
| La personne consomme-t-elle la cigarette? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Oui | | | | | | | | | | | | | | | | | | | | | Non | | | | | | | | | | | Occasionnel | |
| 1. **INFORMATIONS SUPPLÉMENTAIRES/COMPORTEMENT PARTICULIERS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TGC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ÉPILEPSIE | | | | | | | | | | | | | | | | | | | | | | | | | | | | TCS | | | | | | | | | | | | | | | | |
| Autres/Commentaires | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **MESURES RESTRICTIVES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y a-t’ il des mesures restrictives utilisées? (comme par exemple des contentions…) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Quelles sont ces mesures? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper du texte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Si oui, je m’engage à soumettre les prescriptions afin qu’elles soient annexées à ma demande. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **AUTORISATION DE TRANSMETTRE LES INFORMATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J’autorise que soient transmises ces informations aux personnes ou établissements susceptibles d’intervenir et de répondre à ma demande. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature : | | | | | | | | | | | | | | | | Cliquez ici pour taper votre nom complet. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | | | Cliquez ici pour entrer une date. | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Formulaire complété par : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper le nom. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | Cliquez ici pour entrer une date. | | | | |
| Transmission à PSTR par : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cliquez ici pour taper le nom. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | Cliquez ici pour entrer une date. | | | | |
| Besoin complexe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Besoin simple | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Besoin prioritaire | | | | | | | | |
| Date de révision du formulaire : 2021-01-12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |