

# Data Collection Tool<sup>1</sup>

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 Full Name of Student:
   
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Client Initial:      Age:      Allergies:      Code Status:      Date:

Diagnosis:

| Physical    |  | Intellectual |  | Emotional       |  |
|-------------|--|--------------|--|-----------------|--|
| Skin        |  | Language     |  | Past Behaviours |  |
| Elimination |  | Memory       |  |                 |  |

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<sup>1</sup> Based on U-First

|                      |  |                                    |  |                      |  |
|----------------------|--|------------------------------------|--|----------------------|--|
| Pain                 |  | Awareness of Person, Place, & Time |  |                      |  |
| Current Observations |  | Current Observations               |  | Current Observations |  |
|                      |  |                                    |  |                      |  |
| Actions              |  | Actions                            |  | Actions              |  |
|                      |  |                                    |  |                      |  |

| Capabilities          |  | Environmental  |  | Social                        |  |
|-----------------------|--|----------------|--|-------------------------------|--|
| Abilities to do ADL's |  | Noise Level    |  | Accomplishments/<br>Interests |  |
| Bathing               |  | Lighting       |  | Social Network                |  |
| Feeding               |  |                |  |                               |  |
| Toileting             |  | Personal Space |  | Cultural Heritage             |  |
| Mobility              |  |                |  |                               |  |

| Current Observations | Current Observations | Current Observations |
|----------------------|----------------------|----------------------|
|                      |                      |                      |
| Actions              | Actions              | Actions              |
|                      |                      |                      |