



Individual Receiving Services: _____

Date: _____

The following questions are designed to determine the needs and preferences of the individual when developing the ISP. Use the questions to start conversation about what the individual needs to do in order to be successful and self-determined throughout their lives and to help them think about their choices, decisions, and experiences that can help them build the future they desire.

	Yes/NO or NA	Details regarding the type of support needed or desired outcome:
Do you have a primary care Physician?		
Do you see any specialist and if so for what reason?		
Do you see a counselor or psychiatrist?		
Do your doctors help you understand issues with your health?		
Do you need speech, physical for therapy services?		
Do you need help getting any of these services?		
How do you let people know that you are not feeling well?		
Do you have a medical problem which requires regular monitoring?		
Do you need assistance with eating or drinking?		
Is your nutrition and exercise adequate for good health?		
What do you do to stay healthy?		
Do you need help to take your medications?		
Do you need help to order or refill prescriptions?		
Do you need help to notify people when your medication changes?		
Do you need any medical or adaptive equipment?		
Do you have any allergies?		
Do need or want help with making choices about your health?		
Does anyone help you take care of your health? (Who? What? Paid? Unpaid?)		
Can you make and communicate decision regarding medical treatment, including understanding the consequences of not accepting treatment?		
Do you understand health consequences associated with high risk behaviors (substance abuse, overeating, high-risk sexual activities, etc.)?		