

Email contact@autismfyi.org**Autism FYI Member Registration**

phone-301-367-1042 fax-301-805-9417

Member personal information

Name: First _____ Middle Name _____ Last name _____ Gender _____
 Date of Birth _____ Address _____ City _____ State _____
 Zip code _____ County _____ Home Phone _____ Cell _____
 Email address _____

Emergency Contacts

Primary Contact Name _____ Relation _____ Phone _____
 Second Contact Name _____ Relation _____ Phone _____
 Third Contact Name _____ Relation _____ Phone _____

Nearest Police/Sheriff's Department

Name _____ Address _____ Phone _____

Nearest Rescue / Fire Department

Name _____ Address _____ Phone _____

Health Insurance Information -Optional

Insurance Carrier _____ Group Name _____ Group # _____
 Policy # _____ Physician Name _____ Physician Phone _____
 Insured's Name _____ Date of Birth _____ Phone _____
 Address _____ City _____ State _____ Zip code _____
 Email address _____ Relation to Member _____

Registration Questions

1. What is the member's language capability? None / None uses sign / Some language / No language delay
2. Are there cognitive (learning) delays? Yes / No If so to what degree? Profound /Moderate /Mild / None /Socially
3. Is there a seizure disorder? Yes / No
4. What medications and dosage are being taken?

5. Are there Allergies? No / Yes If so to what? _____
6. Are there sensitivities to sound? No / Yes If yes, to what? _____
7. Are there sensitivities to touch? No / Yes
8. Does he/she wander, runaway, elope? No / Yes
9. Does he/she exhibit behavioral issues? No / Yes If so how frequently? Often / Occasionally / Never / Only when stressed
10. Does he/she become combative when stressed? No / Yes
11. Is he/she a danger to his/her self or others? No / Yes _____
12. Are there strategies that decrease his/her stressful reactions? No / Yes Explain _____

13. With whom does he/she live? Alone / With Roommate / Group Home / With Parent(s) / Other

14. What is the typical response to being approached? Cooperative / Uncooperative / Withdrawn / Loud / Combative
15. Is there something a First Responder should know? _____

16. Please check items you would like. USB Bracelet __ Window decal __ ID card __ USB lanyard __ Sleeves __ sm/lrg Terry wristband __ Square adhesive patch __ Triangular adhesive patch __ Earrings __