

HURONIA REGIONAL CENTRE, ORILLIA
 FACILITY BEHAVIOURAL SERVICES
 MONTHLY (March 1990) REPORT

1. Client: [REDACTED] COTTAGE: 10
 C.B.#: [REDACTED] D.O.B.: 1961-09-08 AREA: 4

2. () Assessment (Referral Date: Jan. 16, 1990)
 () Individual Behaviour Program (Dated:)
 () Resource Consultation (Dated:)

3. Summary of Progress:

Lakeview staff made a referral in January and requested assistance in dealing with [REDACTED]. Changes in portering and less demands placed on him while at Lakeview has resulted in an improvement in his grabbing, scratching and pinching behaviour. Lakeview staff now feel they can deal with his behaviour and will terminate my involvement for now.

Hours:

4. Comments/Recommendations:

If the behaviours becomes a problem again give me a call or send in another referral.

DATED: March 6, 1990

[REDACTED]
 Consultant.

/lf

cc: Cottage Supervisor/ Ward File - [REDACTED]
 Mgr., Facility Beh. Serv. - [REDACTED]
 Psychologist - [REDACTED]
 Area Service Manager - [REDACTED]
 Lakeview Program - [REDACTED]
 Writer