



CENSUS SHEET OF THE POPULATION IN THE RECEPTION AREA

TENT _____

Emergency	Base Camp
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Special Needs

Family (indicate the name of the head of household)

ID	Surname	Name
<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth / /	<input type="checkbox"/> Minor (<18) <input type="checkbox"/> Elderly (>65)

Power supply

<input type="checkbox"/> Allergic (Specify in notes)	<input type="checkbox"/> Religion (specify in notes)	<input type="checkbox"/> Elderly	<input type="checkbox"/> Vegan
<input type="checkbox"/> Intolerant (Specify in notes)	<input type="checkbox"/> Infant (0-2)	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other
Notes			

Person followed by social services <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Ass.	Contact
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Minor

Parent or guardian	Contact	Parent or guardian	Contact
Other reference adult	Contact	Other reference adult	Contact
Unaccompanied minor <input type="checkbox"/> Yes <input type="checkbox"/> No		Foster care <input type="checkbox"/> Yes <input type="checkbox"/> No	
Class attended	Other (also report any losses, reactions to trauma, etc.).		

Foreigner

Legal Status <input type="checkbox"/> asylum seeker <input type="checkbox"/> migrant <input type="checkbox"/> residence permit <input type="checkbox"/> tourist visa <input type="checkbox"/> other		
Religion	Language	Knowledge of the Italian language: <input type="checkbox"/> nothing <input type="checkbox"/> little <input type="checkbox"/> autonomous

Elderly/non-autonomous adult

Contact person	Contact	Contact person	Contact
Pathologies			

SAMETS rating system for fast assessment

Orientation	Points	Family support	Score
Fully oriented with respect to time, space and people	0	0	
Not oriented with respect to one criterion among: time, space and people	1	0	
Not oriented with respect to two criteria between: time, space and people	2	1	

Totally disoriented with respect to: time, space and people	3	2	
Drugs	Points	Family support	Score
No need for pharmaceuticals	0	0	
He does not have enough drugs with him	2	2	
Can take medication independently	1	1	
Needs help in taking medication	2	1	
Needs specialist help to take medication	2	2	
Sensory Deficits	Points	Family support	Score
No help or aids required	0	0	
The person DEPENDS ON aids (glasses, hearing aids, etc.) TO BE INDEPENDENT	1	0	
Blindness, deafness or other deficit (the person generally lives an independent life)	2	1	
The person presents deficits senses and NEEDS HELP	3	2	
Mobility	Points	Family support	Score
Can walk freely	0	0	
Can walk with a aid (e.g. stick)	1	0	
The person can walk a maximum of 2 m	2	1	
The person needs a wheelchair or is otherwise mobilised	3	2	
Pregnancy	Points	Family support	Score
Yes	3	3	
Examination of the upper body and, if indicated, of the feet, hands and head	Points	Family support	Score
Parasitic diseases	3	3	
Body temperature	Points	Family support	Score
>38°	3	3	

Notes

Compilatore _____

compilation date ____/____/____

Firma _____

The data contained in this form will be processed in accordance with Legislative Decree 196/2003 (personal data protection code)

Card Updates

Date	Compiler	Update