Collaborative Care Notebook

Adapted and Distributed by the Utah Family Voices Family to Family Health Information Center in collaboration with the Bureau of Children with Special Health Care Needs, Utah Medical Home Program and the Utah Parent Center under a grant from the Maternal and Child Health Bureau.



A Family-to-Family Health Information Center For more information call (801)584-8235

About your Care Notebook

What is a Care Notebook?

A Care Notebook is an organizing tool for families who have children with special health care needs. Use a Care Notebook to keep track of important information about your child's health care. This Care Notebook has been designed for families of Children and Youth with Special Health Care Needs.

How can a Care Notebook help me?

In caring for your child with special health needs, you may get information and paperwork from many sources. A Care Notebook helps you organize the most important information in a central place. A Care Notebook makes it easier for you to find and share key information with others who are part of your child's care team.

About this Care Notebook

This version of a Care Notebook was "built" by a parent of a child with multiple special health care needs from the Utah Family Voices Family to Family Health Information center. This book can be used "as is" or you can remove or add pages according to your child's needs. Below, you can learn how to "build your own care notebook" from twenty different versions from different states. You may notice that the pages in this book all look different, and each page will indicate from which state or program it was created. The Utah Family Voices F2F Health Information Center found the process of building your own care notebook from the National Center for Medical Home Initiatives to be an innovative, creative, and easy way to put together a file for any child with special health care needs. It can be built to suit any variety of needs.

Why build my own care notebook?

The Care Notebook is an organizing tool for families and will help you keep track of important information. Care Notebooks are very personal to your child and ideally should be customized to reflect your child's medical history and current information. For this reason, the American Academy of Pediatrics-National Center for Medical Home Initiatives for Children with Special Health Care Needs has developed a section of their website to allow you to build a Care Notebook that best meets the needs of your child. Utah Family Voices recommends use of this website to create your individualized Care Notebook.

How do I build my own Care Notebook?

Go to http://www.medicalhomeinfo.org/tools/care notebook.html Twenty Care Notebooks have been divided into sections with similar content and made available in both Microsoft Word and PDF formats. Your computer must have Microsoft Word software to open and use the Word documents or to delete, modify, or add your own text to reflect the information you want to include in that particular section of your Child's Care Notebook. You will need the free Adobe Reader on your computer to open and view the PDF documents. You can fill-in and print completed PDF forms from the web site or print blank forms and complete them manually. You cannot save completed PDF forms unless you purchase and have Adobe Acrobat software on your computer. Most people will want to fill-in and save the Care Notebook documents and this is most easily done with the word documents. However, those who do not have Word software on their computer are able to use the PDF format version with the understanding that the forms cannot be altered (or changed). It is recommended to view the online examples before building your own care notebook.

Fill and update your Care Notebook:

-Track changes in your child's medicines or treatments

-Add new information to the Care Notebook whenever your child's treatment changes.

-List telephone numbers for providers and contacts

-Prepare for appointments

-File information about your child's health history

Use your Care Notebook:

-Store the Care Notebook where it is easy to find. This helps you and anyone who needs information when you are not there.

-Share new information with your child's primary care physician, school nurse, daycare staff, and others caring for your child

-Take the Care Notebook with you to appointments and hospital visits so that information you need will be easy to find.

-Include your child when working on the Care Notebook. Let them know that the Care Notebook contains information about them and their care.

Setting up Your Care Notebook

Follow these steps to set up your Care Notebook:

Step 1: Gather information you already have.

 Gather up any health information about your child you already have. This may include reports from recent doctor's visits, recent summary of a hospital stay, this year's school plan, test results, or informational pamphlets.

Step 2: Check out the pages of the Care Notebook

- Which of these pages could help you keep track of information about your child's health or care?
- Use the Care Notebook as it is, remove pages or get or more pages that will help you personalize your book to your child's needs are available at:
 - http://www.medicalhomeinfo.org/tools/care_notebook.html
- For a printed copy, call Utah Family Voices at 801-272-1068 or 1-800-468-1160.

Step 3: Decide which information is most important to keep in your child's Care Notebook

- What information do you look up often?
- What information do caregivers for your child need?
- Consider storing other information in a file drawer or box where you can find it if needed.

Step 4: Assemble your Care Notebook

- Everyone has a different way of organizing information. The KEY is to make it easy for <u>you</u> to find again. Here are some suggestions for supplies used to create a Care Notebook:
- **▼ 3-ring notebook** . Hold papers securely.
- ▼ Tabbed dividers. Create your own information sections.
- **• Pocket dividers.** Store reports.
- ♥ Plastic pages. Store business cards and photographs.

Notes:

Care Notebook Contents

Myself

- Child Information Page UT
- Child's Health Page ND
- Family Information Page- UT
- Make a Calendar ME
- ♥ Notes UT

My Health Care

- Emergency
 Information Form-AAP
- Doctor's Appointments TN
- Diagnoses MA
- Nutrition UT
- Diet Tracking Form UT
- Growth Tracking Form UT
- Immunizations and Allergy IL
- Medications TN
- Nebulizer & Vest Treatments IL
- Catheterization Schedule IL
- Respiratory ND
- Dental IL
- ♥ Surgeries / Procedures TN
- Event Diary MA
- ♥ Seizure / Behavior Log CA
- Medical Supplies IL
- ♥ Notes UT

My Contacts

- Health Care Providers IN
- ♥ Family Support Resources IN
- School Contacts UT
- Emergency Contancts ME
- Personal Contacts ME

- ♥ Contact Log VA
- Notes UT

<u>My Plan</u>

- Care Schedule MO
- ♥ Mealtime Routine TN
- Therapy IL
- ♥ Activities of Daily Living UT
- ♥ Social Experiences OH
- Recreation UT
- ♥ Communication UT
- ♥ Communication Info. UT
- ♥ Coping/Stress Tolerance UT
- ♥ Mobility UT
- Social/Play UT
- ♥ Rest/ Sleep UT
- Transition UT
- ♥ Notes UT

My Coverage

- ♥ Insurance UT
- Medical Bill Communication UT
- ♥ Tracking of Medical Bills TN
- ♥ Medical Travel Expense Log IL
- Out of Pocket Expense Log CA
- Notes UT

Note: You may use all or just a part of these pages. Not all of the pages may apply to your family situation. Look on the website to add different pages.

Organize your pages any way that works for you. (See "**Setting up Your Care Notebook**.")

Use dividers of tabs to help you organize your note book. Sheet protectors, plastic sleeves and folders will also be helpful. Use the "Myself" section of your Care Notebook to create an identity profile for your child. This section includes a personal profile, family, friends and a calendar to schedule your child's appointments and activities.

Myself

Child's Page

Photo of Me!

Му	name	is:
----	------	-----

My nickname is:

My birthday is:

l like to:

I don't like to:

l have a pet yes/no	My pet is a	Named	
My friends are			
-	for myself		
	something else call		

My Favorite Things

oys	,
V shows	_
Games	
lobbies	
ongs	
Animals	
avorite foods	
east Favorite foods	

Child's Page

Use this page for your child's words and thoughts about his or her life now as well as later.

Date:_____

Child's Page

FVND CARE NOTEBOOK (Adapted from the Care Notebook with permission, Children's Hospital and Regional Medical Center, Seattle, WA, 2003.) Family Voices of ND 2005.

Family Information

Child's Name:		Nickname:		
Date of Birth:	ate of Birth:Social Security Number:			
Diagnosis:	Diagnosis:Blood Type:			
Legal Guardian:				
Address:		Phone:		
Mother's Name: Address:				
Daytime Phone:		Evening Phone:		
Father's Name:				
Address:				
Daytime Phone:		Evening Phone:		
Name: Name:				
Other household memb		Name	Аус	
Important Family Inform	ation:			
Language(s) spoken at l				
Interpreter Needed? Yes Preferred interpreter? N		Phone	2:	
	Emo	ergency Contact		
Name:				
Address:				
Daytime Phone:		Evening Phone:		

Family Information

"Make-A-Calendar"

Month

Year

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Name:

____DOB:____

The Maine Health Care Notebook was designed by members of the Family Advisory Council to Maine's Children with Special Health Needs program The "My Health Care" section of your Care Notebook is to keep all information about your child's health care and health care needs. This section will be very helpful at appointments with doctors and specialists.

My Health Care

Dear Parent:

Children with special health care needs have very unique medical histories and require very special medical treatment. If an emergency physician does not have access to this important information, these children are in danger of delayed treatment, unnecessary tests, and even serious errors. It is extremely important, then, that parents and physicians work together to give emergency physicians access to the special information they need to properly care for children with very special health care needs.

To address this problem, the American Academy of Pediatrics and the American College of Emergency Physicians have developed the Emergency Information Form. This simple form is used to record health information for children with special health care needs and should kept in multiple I ocations for easy access by physicians and

emergency medical personnel.

To complete this important form, follow these easy instructions:

- 1. GET THE FORM: Get the Emergency Information Form from the child's primary care physician, specialist, or the local emergency room.
- 2. FILL IT OUT: Begin filling out the form to the best of your ability. Take the form to the child's primary care physician or specialist and ask them to finish filling out the form.
- 3. KEEP IT: Keep 1 copy of the form in each of the following places:
 - a. **DOCTORS:** On file with each of the child's physicians, including specialists.
 - b. ER: On file with the local emergency rooms where the child is most likely to be treated in the case of an emergency.
 - c. HOME: At the child's home in a place where it can be easily found, such as the refrigerator.
 - d. VEHICLES: In each parent's vehicle (ie, glove compartment).
 - e. WORK: At each parent's workplace.
 - f. **PURSE/WALLET:** In each parent's purse or wallet.
 - q. SCHOOL: On file with the child's school, such as in the school nurse's office.
 - h. CHILD'S BELONGINGS: With the child's belongings when traveling.
 - i. EMERGENCY CONTACT PERSON: At the home of the emergency contact person listed on the form.
- 4. **REGISTER:** Consider registering the child, if he or she is not already registered, with MedicAlert®. Send MedicAlert® a copy of the form so that they can keep it stored in their central database, which is easily accessible by emergency medical personnel.
- 5. UPDATE: It is extremely important that you update the form every 2-3 years, and after any of the following events:
 - a. Important changes in the child's condition.
 - b. The performance of any major procedure.
 - c. Important changes in the treatment plan.
 - d. Changes in physicians.

Now, if your child ever has an emergency, the emergency medical personnel will have easy access to your child's very

unique medical history, allowing them to provide your child with the best medical care available.

Thank you for your cooperation!

Very truly yours, American Academy of Pediatrics American College of Emergency Physician **Emergency Medical Services for Children**

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American Academy of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, IL, 60007, 847-434-4000

Emergency Information Form for Children With Special Needs

American College of Emergency Physicians*

American Academy of Pediatrics



Revised

Revised

Initials

Initials

Name:	Birth date:	Nickname:
Home Address:	Home/Work Phone:	
Parent/Guardian:	Emergency Contact N	ames & Relationship:
Signature/Consent*:		
Primary Language:	Phone Number(s):	
Physicians:		
Primary care physician:	Emergency Phone:	
	Fax:	
Current Specialty physician:	Emergency Phone:	
Specialty:	Fax:	
Current Specialty physician:	Emergency Phone:	
Specialty:	Fax:	
Anticipated Primary ED:	Pharmacy:	
Anticipated Tertiary Care Center:		

Diagnoses/Past Procedures/Physical Exam:	
1.	Baseline physical findings:
2.	
3.	Baseline vital signs:
4.	
Synopsis:	
	Baseline neurological status:
*Consent for release of this form to health care providers	
Physician/Provider Signature:	Print Name:

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Diagnoses/Past Procedures/Physical Exam continued:			
Medications:	Significant baseline ancillary findings (lab, x-ray, ECG):		
1.			
2.			
3.			
4.	Prostheses/Appliances/Advanced Technology Devices:		
5.			
6.			

Manag	Management Data:				
	Allergies: Medications/Foods to be avoided	and why:			
1.					
2.					
3.					
	Procedures to be avoided	and why:			
1.					
2.					
3.					

Immunizations (mm/yy)				
Dates		Dates		
DPT		Нер В		
OPV		Varicella		
MMR		TB status		
HIB		Other		
Antibiotic prophylaxis:	Indication:		Medication and dose:	

 Common Presenting Problems/Findings With Specific Suggested Managements

 Problem
 Suggested Diagnostic Studies
 Treatment Considerations

Comments on child, family, or other specific medical issues:

Physician/Provider Signature:

Print Name:

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DOCTOR'S APPOINTMENTS

Doctor's Name	Appointment Date	Appointment Time	Questions to Ask at Appointment
		-	

Date of Birth			
Provider who Gave Diagnosis	Date Noted Notes		
		Provider who Gave Date	

Diagnoses

Developed by the Massachusetts Department of Health, 2004 (<u>www.mass.gov/dph/fch/directions</u>)

Nutrition

Use this page to talk about your child's nutritional needs. Describe foods and any nutritional formulas your child takes, any food allergies or restrictions, and any special feeding techniques, precautions or equipment used for feedings. Describe any special mealtime routines your family and child have.

Date:	

Diet Tracking Form

Diet Tracking Form

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Tube Feeding							
Breakfast							
Lunch							
Dinner							
Snacks							
Notes							

UTAH CARE NOTEBOOK

(Adapted from the Care Notebook with permission, Children's Hospital and Regional Medical Center, Seattle, WA, 2003.) Utah Department of Health, c. 2005.

Growth Tracking Form

DATE	HEIGHT	WEIGHT	HEAD CIRCUMFERENCE	CHECKED BY

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Immunizations

IMMUNIZATION AND ALLERGY RECORD

Child's Name:

	Date	Physician	Reaction												
Hepatitis B															
Diphtheria-Tetanus (Combined: DT)															
Diphtheria-Pertussis-Tetanus (Combined: DPT)															
Tetanus															
Polio															
Influenza Type B															
MMR (Measles, Mumps and Rubella)															
Measles (Rubeola)															
Mumps															
Rubella (3 day measles)															
Varicella Zoster															

	Date	Result	Date	Result	Date	Result
Tuberculin Test						
Lead Screening						
Other						

CCR.20 (Rev. 4/97)) University of Illinois at Chicago – Division of Specialized Care for Children

Allergies and Childhood Illnesses

Communicable Diseases:								
	Date	Duration	Drugs Taken					
7 day regular measles								
German Measles (rubella)								
Chickenpox								
Mumps								
Pertussis (whooping cough)								
Scarlet Fever								
Strep Throat								
Roseola								
Other (rashes, etc.)								

ALLERGY RECORD

Allergy	Type of Reaction	Date

CCR.20 (Rev. 4/97)) University of Illinois at Chicago – Division of Specialized Care for Children

Medications

MEDICATIONS

Name of Medication	Prescription Number	Pharmacy	Strength (see label)	Reason for Medication	Dosage / Frequency (amount)	Route (how taken)	Start Date			E	End Date	Reason for Ending Medication	
						-	Мо	Day	Yr	Мо	Day	Yr	
Pharmacy	,	F	Pharmacist		Ade	dress				Phone	#		

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Date	Time	Neb given	O2sat pre	O2 sat post	Vest given	O2 sat pre	O2 sat post	Comments	Initials
	1								
	1								
	1								
	1								
	1								

Signature:	Initials
Signature:	Initials
Signature:	Initials
Signature:	Initials

Illinois IL-ICRE

Nebulizer Treatments and Vest Treatments Name:

Catheterization Schedule

Catheterization Information for: Month: Date Time Additional Amount of Additional Amount of Date Time urine urine obtained Comments comments obtained (See chart) (see chart)

Catheterization Schedule



Use this page to talk about your child's respiratory care needs. Describe the care or treatments your child needs and any special techniques or precautions you use when giving care. Include any special routines your child has for respiratory care.

Date:

Dental Record

DENTAL RECORD

Child's Name:	Dentist's Name:
	Address:
	Telephone:

Dentist has been informed of child's medical condition and medical specialists' recommendations.

All children should have routine dental care. Such care may be even more important when your child has a special health care need. He or she may need to be followed by a dentist with special skills. Consult with your family dentist or your child's medical specialist to determine if he or she requires specialized dental services.

Before your child is examined, the dentist should have information regarding your child's medical condition and current care. Any precautions recommended by your child's medical specialist should be discussed with the dentist. It is also essential that you provide the dentist with a list of current medications received by your child.

You may wish to use the space below to keep track of your child's dental appointments.

Date	Time	Appointment Information

CCR.22 (7/89)) University of Illinois at Chicago - Division of Specialized Care for Children

Type of surgery/procedure	Surgeon/Physician/Hospital	Date(s)

HOSPITAL ADMISSIONS (FOR REASONS OTHER THAN SURGERY)

Reason for admission	Hospital	Date(s)

Lab Work / Tests / Procedures

DATE	TEST	RESULT	COMMENTS

UTAH CARE NOTEBOOK

(Adapted from the Care Notebook with permission, Children's Hospital and Regional Medical Center, Seattle, WA, 2003) Utah Department of Health, c. 2005.

Event Diary

Use this sheet to keep track of important events related to your child's health that may happen from time to time. Some examples include behaviors, seizures, oxygen requirements, frequency of suctioning, vomiting.

Date	Activity/Information

Developed by the Massachusetts Department of Health, 2004 (www.mass.gov/dph/fch/directions)

Seizure / Behavior Log

Seizure or Beha	vior	Not Applicable to my child
	g if it applies to your child.	
Date/Time	Duration of Seizure [or] Behavior	Description of Seizure (extremities involved, intensity, etc.) [or] Behavior you are concerned about
		v
		2

Seizure or Beha	vior	Not Applicable to my child
Only use this lo	g if it applies to your child.	
Date/Time	Duration of Seizure [or] Behavior	Description of Seizure (extremities involved, intensity, etc.) [or] Behavior you are concerned about
<u> </u>		

Alameda Medical Home Project for Children with Special Health Care Needs

Monthly Medical Supplies

MONTHLY MEDICAL SUPPLIES FOR:

Phone:_____ Fax:_____ E-Mail:_____

Vendor Name:_____

PRODUCT DESCRIPTION	PRODUCT CODE	QUANTITY	RECEIVED	BACK ORDER	COMMENTS
		COANTIT	RECEIVED		

Note: This form can be used to order supply needs

Illinois IL-CoACH



	-



Use the "My Contacts" section fo your Care Notebook for the people who provide services and give care to your child, and are just a part of their life. Include school, emergency, and personal contacts.

My Contacts

Health Care Providers

Primary Medical Provid	er		
City		Zip	
Phone ()			
Preferred Hospital			
City	State	Zip	
Phone ()			
Specialty Hospital			
Address			
City	State	Zip	
Phone ()			
Email			
Address			
Email		Zip	
Address	•		
City Phone () Email	State	Zıp	
	Name	DOB	

Specialist Name Clinic/Hospital		Туре		
· · · <u> </u>				
City	• • •		Zip	
			•	
Email				
Specialist Name		Type		
Clinic/Hospital				
Address				
City	State		City	
Phone ()				
Email				
Specialist Name		Туре		
Clinic/Hospital				
Address				
City	State		City	
Phone ()				
Email				
Address			7:-	
City	State		Zip	
Phone () Email				
Orthodontist Name				
Address				
City			Zip	
Dhama ()				
Email				

Public Health Nurse

Address			
City	State	Zip	
Phone ()			
Email			

Nutritionist

Address			
City	State	Zip	
Phone ()			
Email			

Social Worker

Address			
City	State	Zip	
Phone ()			
Email			

Healthy Families Contact

Address			
City	State	Zip	
Phone ()			
Email			

Home Health Agency

Start Date	End Date		
Contact Person			
Address			
City	State	Zip	
Phone ()			
Email			

Home Health Agency			
Start Date		End Date	
Contact Person			
Address			
City	State		Zip
Phone ()			
Email			
Home Health Agency			
Start Date		End Date	
Contact Person			
Address			
City	State		Zip
Phone ()			
Email			
Pharmacy			
Contact Person			
Address			
City	State		Zip
Phone ()			
Email			
Pharmacy			
Contact Person			
Address			
City	State		Zip
Phone ()			
Email			

Occupational Therapist (OT)			
Start Date		End Date	
Agency			
Address			
City	State		Zip
Phone ()			
Email			
Start Date		End Date	
Agency			
Address			
City	State		Zip
Phone ()			
Email			
Speech-Language Pathologist			
Chart Data		Find Data	
Agency			<u> </u>
Address			
City	State		Zip
Phone ()			Zip
Email			
Other Therapist			
Start Data		End Date	
Agency			
Address			
City	State		Zip
Phone ()			
Email			
Other Therapist			
Start Date		End Date	
Agency			
Address			
City	Ctata		Zip
Phone ()	_		
Email			
Pospito Core Provider			
Start Date		End Date	
Agency			
Address			
City	State		Zip
Phone ()			
Email			

Family Support Resources

Parent-to-Parent		
Address		
City	.	Zip
Phone ()		
Email		
Parent Group		
Address		
City		City
Phone ()		
Email		
Religious Organization		
Address		
City		City
Phone ()		
Email		
Service Organization		
Address		
City		City
Phone ()		
Email		
Counseling Services		
Address		
City	Chata	Zip
Phone ()		
Email		
Other		
· · · ·		
Address		
Address City	State	Zip
	State	Zip

Child's Name_____DOB____

School/Preschool		
Principal		
School Contact		
Start Date	End Date	
Address		
City	State	Zip
Phone ()		
Email		
School Nurse		
Address		
City	State	Zip
Phone ()		·
Email		
Teacher		
Address		
	State	Zip
Phone ()		Zip
Email		
Address		
City		City
Phone ()		
Email		
Other		
Address		
City	City	City
Phone (
Email		
Other		
Address		
City	City	City
Phone ()		
Email		

Family Support Resources

Transportation Agency

Contact Person		
Address		
City	State	Zip
Phone ()		
Email		
Transportation Agency		
Contact Person		
Address		
City	City	City
Phone ()		
Email		
Respite Care Provider		
Start Date	End Date	
Agency		
Address		
City	State	Zip
Phone 1		2ip
Email		
Respite Care Provider		
Start Date	End Date	
Agency		
Address		
City	State	Zip
Phone ()		
Email		
Respite Care Provider		
Start Date	End Date	
Agency		
Address		
City	State	Zip
Phone ()		
Email		

Family Support Resources

School Contacts

School District:			
Phone:	Fax:	Web Site:	
Special Educatio	n Coordinator:		
Address:			
Phone:	Fax:	Web Site:	
504 Accommoda	ation Plan Coordinat	or:	
		Web Site:	
District Nurse as	signed to your child'	s school:	
		Web Site:	
School / Prescho			
		Web Site:	
		Wab Site	
Phone:	FdX:	Web Site:	
Classroom Teach	ner:		
Phone:	Fax:	Web Site:	
Resource Instruc	tor:		
		Web Site:	
Aide / Assistant	/ Intervener:		
		Web Site:	
		(s):	
rnone:	ғах:	Web Site:	
Therapist(s):			
Phone:	Fax:	Web Site:	
Other Contacts:			

•

Emergency Contact Person(s)

Name			
City	State	Zip	
Phone <u>()</u>	Relat	ionship	
Name			
City	State	Zip	
Phone <u>()</u>	Relati	ionship	
Name			
Address			
City	State	Zip	
Phone <u>()</u>	Relat	ionship	
Name			
City	State	Zip	
Phone <u>()</u>	Relat	ionship	
Name			
Address			
	State	Zip	
Phone <u>()</u>	Relat	ionship	
Name			
Address			
	State		
	Relati		
	Name	DOP	
		000	

Designed by members of the Family Advisory Council to Maine's Children with Special Health Needs program.

Personal Contacts

Name/Address	Phone
	Office
	Fax
	Cell
	Email
Name/Address	
	Phone
	Office
	Fax
	Cell
	Email
Name/Address	Phone
	Office
	Fax
	Cell
	Email
Name/Address	Phone
	Office
	Fax
	Cell
	Email
Name/Address	Phone
	Office
	Fax
	Cell
	Email

Name:_____DOB:_____

Designed by members of the Family Advisory Council to Maine's Children with Special Health Needs program.

Contact Log

	contact log	contact log	contact log	contact log	contact log
Date	Name of Person Contacted			What was Discussed	

Contact Log |CARE COORDINATION NOTEBOOK AND MANAGING YOUR CHILD'S HEALTH CARE Virginia April 2005



The "My Plan" section of your Care Notebook is where you can lay out what is happening in your child's life and what you would like to see happen in the future, This includes daily care, mealtime routine, therapies recreation, communication, play, and more.

My Plan

Care Schedule

TIME	
Morning	
Afternoon	

Missouri Family Care Manual

TIME	CARE
TIME Evening	
Night	

Missouri Family Care Manual

Care Schedule

MEALTIME ROUTINE

Usual eating times:			
Usual length of time to eat:			
Food allergies	Foods to avoid		
	·		
Favorite foods / food dislikes:			
Feeding equipment / utensils used ,	/ positioning:		
Feeding tips:			

THERAPY							
CHILD	O'S NAME:	MON			Achioucod		_
						/ C: Coni	
#	GOALS	COMMENTS	1	2	3	4	5

IL CoACH Care Notebook



Use this page to talk about your child's abilities to fee him or herself, bathe, get dressed,

use the bathroom, comb hair, brush teeth, etc. Describe what your child can do by herself and any help or equipment your child uses for these activities. Describe any special routines your child has for bath time, getting dressed, etc.

Date

UTAH CARE NOTEBOOK
(Adapted from the Care Notebook with permission, Children's Hospital and Regional Medical Center, Seattle, WA, 2003.)
Utah Department of Health, c. 2005.

Social Experiences

What activities make life meaningful for your son or daughter? What leisure activities does your child enjoy? List all hobbies, interests recreational and social activities and vacation preferences. Make a list of place and situation that your child is uncomfortable with or dislikes.

Favorite TV shows/movies Hobbies/Activites in the home Leisure Activities/Clubs outside the home Name of Club______ Contact Person Phone Number_____ How Often Name of Club Contact Person_____ Phone Number_____ How Often_____ **Special Interests** (Example: loves Cincinnati Reds Games in person but not on TV)

Favorite Vacations/Travels

The Center for Infants and Children with Special Needs, Cincinnatti, Ohio.

Recreation

A number of organizations have programs designed to give children and adults with special needs Recreation opportunities. These include local park and recreation programs. Check with your providers to find out more about recreation opportunities close to your home. Some parents include brochures and activity calendars in this section of their Care Notebook.

* Recreation Opportu	nity:		
Contact Person:	,		
Address:			
Phone:	Fax:	E-Mail:	
☆ Recreation Opportu	nity:		
Contact Person:			
Address:			
Phone:	Fax:	E-Mail:	
* Recreation Opportu	nity:		
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Notes:			

Communication

Use this page to talk about your child's ability to communicate and to understand others. Describe how your child communicates. Include sign language words, gestures, or any equipment or help your child uses to communicate or understand others. Include any special words your family and child use to describe things.

LITAH CAPE NOTEBOOK	

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Communication Information

Use this page to record your child's ability to communicate and to understand others. Describe how your child communicates; including sign language words, gestures, or any assistive technology or help your child uses to communicate. Include any special words your family and child use to describe things.

Date	Place Of Interaction	Child's means of communication	Types of Assistive Technology	Special Words

Developed by the Parent Network Specialist Program of the Center for Excellence in Disabilities, West Virginia Department of Health and Human Resources

Coping/Stress Tolerance

Use this page to talk about how your child copes with stress. Stressful events might include new people or situations, a hospital stay, or procedures such as having blood drawn. Describe what things upset your child and what your child does when upset or when he or she has "had enough." Describe your child's way of asking for help and things to do or say to comfort your child.

Date:	 	

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Use this page to talk about your child's ability to get around. Describe how your child gets around. Include what your child can do by him or herself and any help or equipment your child uses to get around. Describe any activity limits and any special routines your child has for transfers, pressure releases, positioning, etc.

Date: _____

Social / Play

Use this page to talk about your child's ability to get along with others. Describe how your child shows affection, shares feelings, or plays with other children. Describe what works best to help your child get along or cooperate with others. Describe your child's favorite things to do. Include any special family activities or customs that are important.

Date:	

Rest / Sleep

Use this page to talk about your child's ability to get to sleep and sleep through the night. Describe your child's bedtime routine and any security or comfort objects your child uses.

Date:	
	·

UTAH CARE NOTEBOOK (Adapted from the Care Notebook with permission, Children's Hospital and Regional Medical Center, Seattle, WA, 2003.) Utah Department of Health, c. 2005.

Transitions-Looking Ahead

Your child and family will experience many transitions, small and large, over time. Three predictable transitions occur for most children: reaching school age, approaching adolescence, and moving from adolescence into adulthood. Many children do not experience these transitions in the way most children experience them. Other transitions may involve moving into new programs, working with new agencies and care providers, or making new friends. Transitions involve changes: adding new expectations, responsibilities, or resources, and letting go.

Looking at transitions may be hard, depending on your circumstances. You may have limited time just to do what needs to get done today. You may find it helpful, though, to jot down a few ideas about your child's and family's future. You might start by thinking about your child's and family's strengths. How can these strengths help you plan for "what's next" and for reaching long-term goals? What are your dreams and your fears about your child's and family's future?

Date:	

Notes

The "My Coverage" section is where you can record all information on Health Care Coverage, Medical Bills, correspondence, and out of pocket expenses. My Coverage

Insurance, Etc.

畿	Insurance Name: Policy Number:						
	Contact Person/Title:						
	Address:						
	Phone:		_Fax:				
≉ name			the company name that appears above your child's on Card):				
	-						
	Phone:		_Fax:				
畿	Insurance Name:						
	•						
			Website/Email:				
*	Supplemental Sec	urity Income (SSI):					
	Contact Person/Title:						
	,						
			Website/Email:				
骖	Other:						
	Phone:	Fax:	Website/Email:				
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		For:	Wobsite / Empile				
	rnone:	Fax:	Website/Email:				

UTAH CARE NOTEBOOK

Medical Bill Communication Log

Medical Bill Communication Log

Information About the Bill				Information About Who You Talk To				NOTES	
Account #	Provider	Date of Service	What bill is for:	Date of Contact	Time	Name	Title (like Account Representative)	Credentials (RN, Dr., none)	

UTAH CARE NOTEBOOK

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Tracking of Medical Bills

Date of Service	Provider (hospital, doctor's office,	Service (tests, surgery, etc.)	Cost	Insurance	Insurance Baid	Date	Family	Date Poid
	etc.)				Family Information Noteboo	© Junior Lea	gue Family Resou ldren's Hospital, Na	shville, Tennessee
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MEDICAL TRAVEL EXPENSE

Child's Name

DATE	TRAVEL FROM	TRAVEL TO	MILES	ADDITIONAL EXPENSES (MEALS, LODGING, ETC.)	REASON FOR TRAVEL

Note: This sheet may be used for income tax filing purposes

CCR.52 (7/89)) University of Illinois at Chicago – Division of Specialized Care for Children

Out of Pocket Expense Log

Use this log to track expenses incurred that are not covered by insurance. Make sure to save all receipts for tax purposes.



Date	Item Description / #	Cost	Date	Item Description / #	Cost

Alameda Medical Home Project for Children with Special Health Care Needs,



Notes



UTAH CARE NOTEBOOK