

# Medical Home Support



A medical home is an approach to providing inclusive and high-quality primary care. The National Resource Center for Patient/Family Centered Medical Home says a Medical Home should be:

- ***Accessible***
- ***Coordinated***
- ***Compassionate***
- ***Culturally Effective***
- ***Family Centered***
- ***Continuous***
- ***Comprehensive***

**If your child is  
birth – 21 years  
old and a  
Medicaid  
recipient**

## **Call: Blue Ridge Community Health Services 828-894-2222**

BRCHS can help families navigate the Medicaid and Health Care system. And, provides Medicaid and NC Health Choice recipients with a medical home and Primary Care Provider (PCP).

- Working with you to establish your child with a medical home and helping you build a strong relationship with them.
- Working with every health care provider that your child sees to ensure he/she gets the best treatment.
- Referring your family to other community agencies to address your family's needs and concerns.

Empowering **YOU** to be your child's best healthcare advocate.

**If your child is  
birth – 5 years  
old and you  
need more help**

## **Call: Care Management for At-Risk Children (CMARC)**

Henderson Co. Health Department -----	828-692-4223
Buncombe Co. Health Department -----	828-250-5096
Polk: Blue Ridge Community Health Services--	828-894-2222

### **If your child qualifies, CMARC will at no charge:**

- Help your family identify your strengths and concerns
- Connect you with other services and resources
- Identify ways to strengthen the parent-child relationship
- Provide information, support and ongoing education

**If you have  
private  
insurance or no  
insurance**

**Call: Your Medical Home Provider/Doctor**

**Children with Special Health Care Needs Help Line**

1-800-737-3028 or email: [CYSHCN.Helpline@dhhs.nc.gov](mailto:CYSHCN.Helpline@dhhs.nc.gov)

**NC Division of Public Health: Children & Youth with Special Healthcare Needs**

<https://publichealth.nc.gov/wch/families/cyshcn.htm>

## What Does a Patient-Centered Medical Home (PCMH) Mean for You?

It means **Access 24/7**.

It means **Teamwork**.

It means **All your health needs**.

It means **Coordination, finally!**

It means **Today's technology**.



### Access 24/7

You can get advice quickly from the care team outside of visits. You can often get appointments the same day.



### All Your Health Needs

The team treats you as a whole person, not just as one illness. They will work with you and your family on:

- Prevention and wellness, helping you work towards a healthy lifestyle.
- Both physical and mental health issues such as depression or anxiety.
- A plan of care for any major health problems.



**You at the center**



### Coordination

Finally! Your medical home organizes:

- Results from labs, specialists, and hospitals involved in your care.
- All medications you take, over the counter and prescriptions from any doctors.
- Services you receive in your community, such as programs to stop smoking or lose weight.



### Teamwork

Your primary care doctor or nurse attends to your care directly. He or she also leads a highly skilled team of people who work with you. The team can include nurses, counselors, pharmacists, medical assistants, and specialist doctors.



### Today's Technology

Information Technology helps your medical home team:

- Keep you up to date. Remind you when you need care, testing, or new information.
- Send prescriptions right to the pharmacy.
- In some offices, let you go online to schedule visits, request prescriptions, get test results, and see your personal health record.

**A MEDICAL HOME** is the kind of primary health care you and your child deserve. It is not a place, it is a partnership with your primary care provider.

As you pursue your child's health journey, you make stops at different places (specialists, community supports, pharmacy, hospital, mental health). Ideally, your primary care provider will help guide you along the way. <sup>1</sup>



## YOU CAN MAKE MEDICAL HOME IMPROVEMENTS<sup>2</sup>

You can help your practice make changes so that it is a true MEDICAL HOME! The following are a few things to think about and discuss with your child/youth's primary care provider:

1. *How can we, as parents, help you provide an even better MEDICAL HOME for all patients and families in the practice?*
2. *Does the practice have a 'family advisory council' that informs and advises the practice on how to improve their patients' experience? If not, how can we work together to create one?*
3. *How can we work together to develop:*
  - *Easy-to-read, understandable information describing the practice and how patients and families can access appropriate care (e.g., patient brochure, Web site)?*
  - *A patient satisfaction survey?*
  - *Improved physical access to the practice?*
  - *An updated list of community resources for patients/families?*

Let your doctor know how important these improvements are to you and your child/youth's care.

<sup>1</sup> Patient-Centered Primary Care Collaborative

<sup>2</sup> National Center for Medical Home Implementation

# MEDICAL & DEVELOPMENTAL HISTORY

Child's Name:

Birth Date:

## Pregnancy History

Mother's age at start of pregnancy:

Length of Pregnancy:

Maternal Weight Gain:

Prescribed or over the counter medications  
taken during pregnancy (include vitamins):

Month first felt baby move:  
Months

During pregnancy, baby was:  
Quiet Active Very Active

As the pregnancy progressed, were there any changes in your baby's activity level? If yes, please describe:

Concerns, complications, or illnesses during pregnancy:

Previous number of pregnancies:

Number of living children:

Describe any difficulties during previous pregnancies:

## Labor and Delivery

Labor for my child was: \_\_\_\_\_ Uncomplicated \_\_\_\_\_ Complicated / Difficult

Describe any difficulties:

Was internal fetal monitoring  
used during labor?

Did membranes rupture?  
If yes, number of hours prior to delivery:

Were you awake during delivery?

Labor was \_\_\_\_\_ Spontaneous \_\_\_\_\_ Induced

Was anesthesia used?

If yes, what type?

Type of birth:

- \_\_\_\_\_ Vaginal: \_\_\_\_\_ Head First \_\_\_\_\_ Breech \_\_\_\_\_ Forceps used
- \_\_\_\_\_ Cesarean Section. Reason for C-section:

Baby was born: \_\_\_\_\_ Full-term \_\_\_\_\_ Late \_\_\_\_\_ Premature (If premature, # of weeks: \_\_\_\_\_)

## Birth / Early Infancy

Birth weight:

Length:

Head Circumference:

APGAR score at 1 minute:

Did baby cry immediately?

APGAR score at 5 minutes:

Did baby need help with breathing?	If yes, how long?
Baby was in hospital _____ days _____ weeks	
Was baby in NICU (neonatal intensive care unit)?	If yes, how long?
Was medication prescribed for the baby?	If yes, describe reason.
While in hospital, did baby require special care after birth (such as therapy, evaluation by a specialist)?	If yes, describe reason.
Describe any difficulties with the baby immediately after birth:	

Did the baby have difficulties during the first months:	<input type="checkbox"/> Feeding <input type="checkbox"/> Alertness <input type="checkbox"/> Jaundice	<input type="checkbox"/> Sleeping <input type="checkbox"/> Movement <input type="checkbox"/> Other:	
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<b>Has your child had any of the following illnesses? If yes, list at what age.</b>			
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> German Measles	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Mumps
<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Measles	<input type="checkbox"/> CMV
Other:			

<b>Has your child had difficulty with any of the following? If yes, list at what age.</b>			
<input type="checkbox"/> Skin rashes	<input type="checkbox"/> Anemia	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Speech
<input type="checkbox"/> Breach holding spell	<input type="checkbox"/> Coordination	<input type="checkbox"/> Swallowing	<input type="checkbox"/> Turns Blue
<input type="checkbox"/> Frequent Falling	<input type="checkbox"/> Sucking	<input type="checkbox"/> Staring Spells	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Respiratory Problems	<input type="checkbox"/> Asthma	<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Dental
<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Heart	<input type="checkbox"/> Allergies	<input type="checkbox"/> Feeding
<input type="checkbox"/> Constipation	<input type="checkbox"/> Special dietary considerations		
Other:			

Has your child seen a <b>vision</b> specialist?
If yes, give doctor's name and reason for visit.

Has your child seen an <b>ear</b> specialist?
If yes, give doctor's name and reason for visit.

Has your child had a <b>hearing test</b> ?
If yes, give reason for visit.

## Family Medical History

*For the following, please check any conditions present in the child's biological family.  
If checked, please explain in space provided below.*

	Mother	Mother's Family	Father	Father's Family
Birth Defects:				
Inherited Disorder:				
Infant Deaths:				
Learning Problems:				
Intellectual Disability:				
Muscle Disease/Weakness:				
Neurological Disease:				
Substance Misuse:				
Mental Illness:				
Vision Disorder:				
	<b>Mother</b>	<b>Mother's Family</b>	<b>Father</b>	<b>Father's Family</b>
Hearing Disorder:				

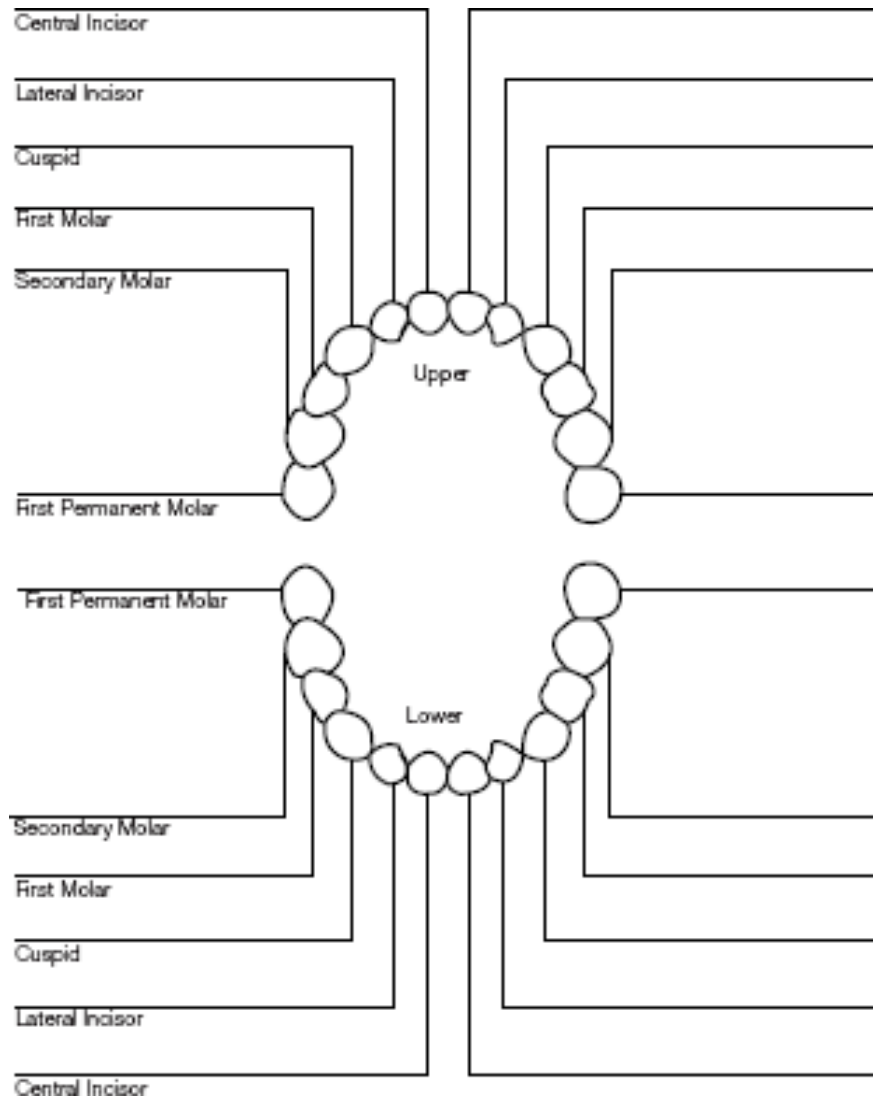
## Other Information

# HEIGHT & WEIGHT LOG

[illegible]

# MY CHILD'S BABY TEETH

Record when your child's teeth emerge and are lost in the diagram below.



The following chart shows when primary teeth (also called baby teeth or deciduous teeth) erupt and shed. It's important to note that eruption times can vary from child to child.

UPPER TEETH	WHEN BABY TOOTH EMERGES	WHEN BABY TOOTH FALLS OUT
Central Incisor	8 – 12 Months	6 – 7 Years
Lateral Incisor	9 – 13 Months	7 – 8 Years
Canine (Cuspid)	16 – 22 Months	10 – 12 Years
First Molar	13 – 19 Months	9 – 11 Years
Second Molar	25 – 33 Months	10 – 12 Years

LOWER TEETH	WHEN BABY TOOTH EMERGES	WHEN BABY TOOTH FALLS OUT
Second Molar	23 – 31 Months	10 – 12 Years
First Molar	14 – 18 Months	9 – 11 Years
Canine (Cuspid)	17 – 23 Months	9 – 12 Years
Lateral Incisor	10 – 16 Months	7 – 8 Years
Central Incisor	6 – 10 Months	6 – 7 Years

# MY CHILD'S PERMANENT TEETH

The following chart shows when permanent teeth emerge. Record when your child's permanent teeth emerge.

UPPER TEETH	WHEN TOOTH EMERGES	MY CHILD'S TEETH EMERGED: <i>RIGHT SIDE      LEFT SIDE</i>	
Central Incisor	7 – 8 Years		
Lateral Incisor	8 – 9 Years		
Canine (Cuspid)	11 – 12 Years		
First Premolar Molar (First Bicuspid)	10 – 11 Years		
Second Molar (Second Bicuspid)	10 – 12 Years		
First Molar	6 – 7 Years		
Second Molar	12 – 13 Years		
Third Molar (Wisdom Tooth)	17 – 21 Years		
LOWER TEETH	WHEN TOOTH EMERGES	MY CHILD'S TEETH EMERGED: <i>RIGHT SIDE      LEFT SIDE</i>	
Third Molar (Wisdom Tooth)	17 – 21 Years		
Second Molar	11 – 13 Years		
First Molar	6 – 7 Years		
Second Premolar (Second Bicuspid)	11 – 12 Years		
First Premolar (First Bicuspid)	10 – 12 Years		
Canine (Cuspid)	9 – 10 Years		
Lateral Incisor	7 – 8 Years		
Central Incisor	6 – 7 Years		



# Finding the Right Dental Home

## FOR YOUR CHILD OR YOUTH WITH SPECIAL NEEDS



Dental care is important because problems in the mouth can affect the health of the body. Children and youth with special health care or developmental needs should generally follow the same standards of care for children of all abilities. However, additional support may be needed. It is important to talk to your dentist about any physical or medical conditions, medications, allergies, and/or behavioral needs that may require some accommodations for your child. This checklist may help families have an ongoing positive relationship and experience with the dental care team for a life-long practice of healthy smiles!

**Instructions: Check the box if the dental office provides the service that supports your child or youth.**

THIS IS IMPORTANT		WHY?	
	Yes	No	
1. Does the dental office accept your insurance and have flexibility in payment plans if needed?			Payment options allow parent/caregiver to plan and budget for dental care either prior to or after the visit.
2. Does the dental office need any health history paperwork before the first visit?			It may take time to get medical records or complete forms.
3. Does the dental office offer scheduling flexibility to become familiar with the setting and staff?			This allows the family to see the office, meet the dental team and ask questions prior to the actual exam.
4. Does the dental office offer scheduling flexibility to support your child/youth's schedule and routine?			Children/youth who experience frequent medical needs, sensory or anxiety issues, or a range of appointments/therapies may need special scheduling considerations.
5. Is the dental office accessible to your child/youth in a wheelchair or with other mobility equipment (if needed)?			The Americans with Disabilities Act (ADA) requires dental offices to serve children, youth and adults with special health care needs and make accommodations for those using wheelchairs, walkers or any other mobility equipment.
6. Is the dental office able to provide communication support like Sign Language interpreters with enough notice before a visit?			The parent/caregiver needs to notify dental office about special communication needs like American Sign Language (ASL) interpreters or assistive technology, well in advance of visit.
7. Are you allowed to remain with your child/youth in the exam room?			The parent/caregiver's presence may reduce the child/youth's anxiety and increase their comfort with the dental care.
8. Does the dental office have a private exam room available?			A private exam room may prevent distractions or overstimulation of a child/youth with sensory challenges, anxiety, etc.

THIS IS IMPORTANT		WHY?	
	Yes	No	
9. Does the dental office allow your child/youth to bring a comforting object (toy, blanket) into exam or treatment room?			Allowing a child to bring a comfort item can reduce anxiety and increase trust and cooperation.
10. Does the exam room comfortably and physically accommodate your child/youth with mobility equipment (if needed)?			If a wheelchair fits parallel to the dental chair, a child/youth may be able to transfer into the dental chair for the exam. A dental chair with movable armrests may allow an easier transfer for a child/youth.
11. Does the dental office allow for using the same exam room and dental team during your child/youth's visits?			Consistency and routine may lessen anxiety and allow the child/youth and parent/caregiver to build positive relationships with familiar dental care team members.
12. Does the dental team allow your child/youth time to adjust to the exam room and get ready for the dental exam?			Allowing additional time for a child/youth to adjust to the exam room and dental team builds trust and comfort level.
13. Does the dental team talk with you about any special ways to interact with your child/youth?			Dental team asks the parent/caregiver ahead of time about any concerns or strategies to help the child/youth have the best dental experience possible. Dental care team can also suggest strategies such as the TELL, SHOW, DO approach: tell child what they are about to do, show child what the instrument may do, then do the procedure.
14. Does the dental team discuss behavioral support options if your child/youth has trouble remaining still?			Examples may include other seating options, music, noise cancelling headphones, sunglasses, or TV. Options including sedation, anesthesia or restraints require advance informed consent by parent/caregiver.
15. Does the dental team encourage your child/youth and family to ask questions?			The dental team encourages questions before and after the visit.
16. Are special dental care instructions written in an easy to understand format?			Special care instructions are written, easy to understand and in a family's first language.
17. Does the dental office have coverage for emergencies after hours or on weekends?			The parent/caregiver needs to know when and where to go for dental injuries or emergencies that occur outside of normal office hours.

**Checklist developed by Children and Youth Branch, Women's and Children's Health Section**

For more information on resources to support children with special health care needs, please call or email the **Children with Special Needs Helpline** at 1-800-737-3028 or [CYSHCN.Helpline@dhhs.nc.gov](mailto:CYSHCN.Helpline@dhhs.nc.gov)

Adapted from:

- Dental Office Consideration Checklist. An Oral Health Professional's Guide to Serving Young Children with Special Health Care Needs <https://www.mchoralhealth.org/SpecialCare/pdf/M2-DentalOfficeConsiderations.pdf>
- Family Satisfaction Questionnaire. An Oral Health Professional's Guide to Serving Young Children with Special Health Care Needs <https://www.mchoralhealth.org/SpecialCare/pdf/M2-FamilySatisfactionQuestionnaire.pdf>
- "Oral Health Care for Children with Special Health Care Needs: A Guide for Family Members/Caregivers and Dental Providers," Oklahoma Dental Foundation, November 2013
- "Dental Practices: An Abbreviated Accessibility Survey" NC Office on Disability and Health



# MEDICATION LOG

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Started:	Date Stopped:	Medication:	To Treat (condition):	Dose/Route:	Time Given:	Prescribed By:	Side Effects:

[illegible][illegible][illegible]

# MY CHILD'S ALLERGIES

## Food Allergies:

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## Medication Allergies:

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## Other Allergies (cats, dogs, dust, grass, etc.)

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ALLERGIC REACTION TRACKING FORM

Date:	Allergen:	Reaction:	Anecdote (w/Dosage):
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Allergen:

Anecdote (w/Dosage):

## TESTS / X-RAYS / LABS

[illegible]

# EQUIPMENT LOG

Keep an ongoing record of the equipment that your child uses (such as a wheelchair, communication systems, etc.). Draw a single line through or use a highlighter to line out equipment that your child no longer uses so it is easy to spot current information.

Date:	Equipment:	Model #:	Serial #:
Vendor Name:		Vendor Phone:	____ Rent ____ Own
Financially Responsible Agency:		Other Information:	
Date:	Equipment:	Model #:	Serial #:
Vendor Name:		Vendor Phone:	____ Rent ____ Own
Financially Responsible Agency:		Other Information:	
Date:	Equipment:	Model #:	Serial #:
Vendor Name:		Vendor Phone:	____ Rent ____ Own
Financially Responsible Agency:		Other Information:	
Date:	Equipment:	Model #:	Serial #:
Vendor Name:		Vendor Phone:	____ Rent ____ Own
Financially Responsible Agency:		Other Information:	
Date:	Equipment:	Model #:	Serial #:
Vendor Name:		Vendor Phone:	____ Rent ____ Own
Financially Responsible Agency:		Other Information:	
Date:	Equipment:	Model #:	Serial #:
Vendor Name:		Vendor Phone:	____ Rent ____ Own
Financially Responsible Agency:		Other Information:	
Date:	Equipment:	Model #:	Serial #:
Vendor Name:		Vendor Phone:	____ Rent ____ Own
Financially Responsible Agency:		Other Information:	
Date:	Equipment:	Model #:	Serial #:
Vendor Name:		Vendor Phone:	____ Rent ____ Own
Financially Responsible Agency:		Other Information:	

[illegible]

[illegible]

# Appointments and Questions



Use this form to help you prepare for upcoming doctor visits and keep notes about the appointment.

Appointment Date & Time	Provider	Questions to Ask at Appointment
Referrals/Follow up tests		Answers

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Referrals/Follow up tests		Answers

# MY CHILD'S EMERGENCY MEDICAL CARE PLAN

If your child has frequent emergency issues, consider putting together an emergency medical care plan. A care plan is away to share information about your child with others. The plan is written information about how to best care for your child's health needs. Health Care Plans can be different based on disability and how/where it is intended to be used. There are many templates available online or talk to your child's doctor about creating a care plan together.

## **Communication is Key!**

A care plan may include:

- What medicines your child takes and when
- Caregiver/parent contact information
- Allergies
- Medical conditions
- What foods your child should avoid
- How often your child gets physical therapy
- What to do for your child in an emergency
- How to get in contact with your doctor after hours
- Specific support staff to contact
- Flagging your child's folder to identify as 'special needs'

Who would receive a copy of a care plan:

- Child's doctors, therapists, nurses, respite providers
- Childcare provider, teachers, school nurses, emergency medics
- Grandparents, neighbors, friends
- Leave a care plan at home, at work, in your car, in your purse, etc.

Children at risk for medical emergencies should consider wearing a medical bracelet or necklace to help emergency providers quickly recognize that the child has a special need.



# How to Plan for Emergencies

You and your family members may not be in the same place when an emergency happens. It is important to plan ahead and talk about what you will do before, during and after an emergency. You need to talk about how you will get to a safe place, get in touch with each other and get back to each other.

## Emergency Plan

Emergencies and disasters can happen any time and any place. These situations can result in power outages, limited access to medical attention and medications, and a need for supplies. All families should have an emergency plan in place; families of children with special needs will need an emergency plan that addresses the unique needs of their child.

**Planning is key!** If there is a child with special healthcare needs in your family, you and your family can prepare by developing a written emergency care plan and practicing your plan. For example, a plan can include medicines or assistance devices that your child needs. If possible, let your child help make the plan.

Important questions to consider:

1. Does your family have a written emergency plan?
2. Does your family have communication plan?
3. Do you have a plan if you and your children are not together when an emergency strikes?
4. Do you have an emergency kit with medication and other medical necessities?
5. What will you do if your child has a service animal?
6. Do you have a transportation plan and evacuation route?

## Emergency Kit Checklist for families with CYSHCN

<https://www.cdc.gov/childrenindisasters/checklists/special-healthcare-needs.html>

It is important to ensure you and your family are as self-sufficient as possible if you need to evacuate, and update your emergency kit at least once a year.

Here are some resources to help you and your family in a true emergency.

### **Centers for Disease Control and Prevention (CDC) - Children and Youth with Special Healthcare Needs in Emergencies**

<https://www.cdc.gov/childrenindisasters/children-with-special-healthcare-needs.html>

### **Medical Essential – Duke Energy**

Customers with medical needs should make preparations in advance for extended outages due to storms or other causes. Medical Essential may be assigned to a customer's account if a member of the customer's household is chronically or seriously ill, handicapped, or on a life-support system. For more information about this service, call 1-800-943-6914.

### **Ready.gov**

Go-to source for emergency planning for families and individuals, including planning templates.

<https://www.ready.gov/disability>



NC 211 is an information and referral service provided by United Way of North Carolina. Families and individuals in all 100 counties in North Carolina can call to obtain free and confidential information on health and human services within their community. Available in most languages, NC 211 is open 24 hours a day, seven days a week, 365 days a year.

Please Call:

**1-888-573-1006**

Call Anytime.

MCM Services Available 24/7/365.



**Mobile Crisis Management (MCM)** We are a team of behavioral health professionals, available 24 / 7 / 365, that provides intensive, on-site intervention to people of all ages who are experiencing a crisis due to mental health disturbances, intellectual/developmental disabilities, or addiction. Our goal is to safely stabilize the person at home, work, school, or wherever in the community the crisis occurs.

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***Need Support Now? If you or someone you know is struggling or in crisis, help is available.***

***Call or text 988 or chat  
988lifeline.org***

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## **Got Unused or Unwanted Medication?**

Did you know that nearly 60,000 kids under the age of 5 accidentally swallow dangerous drugs every year and wind up in emergency rooms? One of the ways to protect children from accidental swallowing of medications is to dispose of old or unneeded medications properly.

The Polk County Sheriff's Office has a medication disposal box located in our lobby. You can safely dispose your unused or unwanted medications Monday-Friday, 8am-5pm.

Can't make it to the Sheriff's Office? Be sure to follow us on Facebook to find out when we're holding a Medication Take Back Event near YOU!

# Emergency Information Form for Children With Special Needs



American Academy  
of Pediatrics



Date form  
completed  
By Whom

Revised  
Revised

Initials  
Initials

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

<b>Diagnoses/Past Procedures/Physical Exam:</b>	
1 .	Baseline physical findings:
2.	
3.	Baseline vital signs:
4.	
Synopsis:	
	Baseline neurological status:

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.	

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

Immunizations											
Dates						Dates					
DPT						Hep B					
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: