

Care Plan for Children with Complex Special Health Care Needs

CHIP
 STAR
 Commercial

Date: _____

Name: _____ ID #: _____

DOB: _____ Age: _____

Parent/Guardian: _____

Address: _____

City: _____

Zip: _____

Telephone: _____

General health: Excellent Good Fair Poor

Chronic Medical and/or Behavioral Condition(s)

Current or Recent Treatment Plan

Current Medications

Multiple Providers Involved in Pt Care? Yes No
Specialists:

Psychiatrist/Psychologist/Therapists:

Physician signature: _____

Guardian Signature: _____

Medical Equipment/Supplies Currently Used

- Hospital Bed Wheelchair Walker
- Ostomy Supplies Nebulizer Oxygen
- Tube Feeding Potty Chair Ventilator
- Apnea Monitor Hearing Aid
- Home Health: _____
- Other: _____

Support System:

- Family Other Relatives Support Group
- Agency Staff Clergy Other: _____

Primary Language: _____

Transportation to Medical/Behavioral Appointments a Problem? Yes No

Identified Needs

Changes to Treatment Plan / Referrals

Notes

Short Term Goals

- Pt/parent able to verbalize understanding of medical/behavioral condition and treatment plan.
- Pt/parent able to coordinate and schedule multiple health care appointments.
- Pt/parent able to communicate needs to providers.

Medical / Behavioral Health Goals

- Circulatory/CV: _____
 - Respiratory: _____
 - GI/GU: _____
 - Nervous: _____
 - Musculoskeletal/Connective Tissue: _____
 - EENT: _____
 - Psychosocial: _____
 - Learning Disability: _____
 - Other: _____
- Long Term Goals