

# Care Coordination Information Checklist

Completed by: \_\_\_\_\_  Visit  Phone Date: \_\_\_\_\_

Patient ID#: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Primary Caregiver: \_\_\_\_\_ (relationship: \_\_\_\_\_)

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Preferred contact method: \_\_\_\_\_

1° care clinician: \_\_\_\_\_ Insurance: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Medications:  See Chart (extensive list)  ADHD \_\_\_\_\_

SSRI \_\_\_\_\_  BP \_\_\_\_\_

Sz. \_\_\_\_\_  Other \_\_\_\_\_

## Assessment:

What are your 3 top concerns right now? \_\_\_\_\_

Do you have any of the following concerns for your child?  No  Behavior  ADLs

Social  Development  Education  Nutrition  Sleeping  Other: \_\_\_\_\_

Care updates/changes? \_\_\_\_\_

Social/family changes?  No  Move  Separation/divorce  Job (new/change)

Sickness/death of loved one  Sibling(s) issues or changes

Other: \_\_\_\_\_

Family Strengths:  Family Support  Close Family/ Friends  Community Support

Religious Support  Hobbies/Stress Reduction: \_\_\_\_\_  Other \_\_\_\_\_

## Assistance with:

### Medical Needs:

Diagnosis information/resources

Rx for services or medications

Referrals

Ordering equipment

Therapy recommendations/letters

Prior Authorization:  Specialists  DME

Medications  Imaging

### Education Needs:

Speak to schools about diagnosis

Coordination with school nurses

IFSP/504/IEP notes or information

### Financial Needs:

Help with Insurance, Medicaid, or CHIP

Paying for:

Services  Medications

Formula  Equipment

Supplies

### Social/Community Resources:

SSI/SSDI  DSPD

Waivers  DCFS

WIC  Transition

Support groups

Transportation/Housing Supports

Workforce Services

## Follow-Up Plan:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any ER or urgent care visits recently?

Yes: \_\_\_\_\_  No

### Early Intervention or Transition services?

Yes  No  N/A

Does your child have an IFSP/IEP/504?

IFSP  IEP  504  No  N/A

Does your child have an IHP?

Yes  No  N/A

Services:  SPED  SLP  PT  OT

APE  PSY  Home Health  WIC

Other: \_\_\_\_\_

### Advocacy/Resources:

Are you aware of:

UT Parent Center

UT Family Voices

Medical Home Portal  2-1-1

Are you interested in speaking with our parent partner?  Yes  No

### Current specialists/any upcoming specialists' appointments?

Pulmonary/Sleep \_\_\_\_\_

Cardiology \_\_\_\_\_

GI \_\_\_\_\_

Urology \_\_\_\_\_

Neurology \_\_\_\_\_

Nephrology \_\_\_\_\_

Nutrition \_\_\_\_\_

Allergist \_\_\_\_\_

Oncology/Hematology \_\_\_\_\_

CCC \_\_\_\_\_

Orthopedics \_\_\_\_\_

ENT \_\_\_\_\_

Genetics \_\_\_\_\_

Plastics \_\_\_\_\_

Ophthalmology \_\_\_\_\_

Rehab Medicine \_\_\_\_\_

Audiology \_\_\_\_\_

Endocrinology \_\_\_\_\_

Rheumatology \_\_\_\_\_

Mental Health \_\_\_\_\_

Other: \_\_\_\_\_

### Current DME:

Feeding Pump

Wheel chair  Hi-Low chair

Bath chair  Hoyer lift

Other: \_\_\_\_\_

\_\_\_\_\_

## NOTES