**Comprehensive Care Plan**

**Child’s Picture**

**Child’s Name:**

Sex:

Birthdate:

Age:

Height/Weight:

**Parent(s)/Guardian(s)**

Name(s):

Address:

Cell: Home:

Work: Email:

**Emergency contact** (if parent(s) cannot be reached):

Phone:

Relationship to child:

**Diagnosis:**

Description of Diagnosis:

Date of Diagnosis:

Place of Diagnosis:

Our understanding of how this diagnosis will impact my child:

For more information regarding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ visit www.NTSAD.org.

*(diagnosis)*

**Demographics/Insurance**

Primary Language:

Primary Insurance: Insurance No.:

Subscriber:

**Our Routine Care Plan**

**List of Healthcare Providers**

**Primary Care Physician:**

|  |  |  |
| --- | --- | --- |
| Name | Specialty | Contact Information |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Current Medications**

Preferred Pharmacy:

|  |  |  |  |
| --- | --- | --- | --- |
| Drug | Dose | Route | Administration Directions |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Durable Medical Equipment**

|  |  |  |
| --- | --- | --- |
| Name | Used for: | Needs |
|  |  |  |
|  |  |  |
|  |  |  |

**Current diet/nutrition information:**

**Child’s Past Medical History:**

*(including current and most recent problems)*

**Goals of Care and Health Management**

**Our Philosophy of Care:**

**Goals for our child that guide my healthcare decision for them:**

**We most prefer our child to receive care in this setting:**

**Code Status/Advance Directives:**

**Get to Know My Child**

Name:

Nickname:

Sibling(s):

What makes them content?

How do you know when they’re not content or uncomfortable?

What upsets them?

What makes them feel better?

What is their favorite music?

Who are their primary caregivers?