

Pediatric Care Plan and Patient Summary

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| Practice Logo |
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| Practice/ Site Name: Office Address: Office Phone: Office Fax: Office Hours: Weekend appointments available for urgent needs, call the office number above. 24 hours per day/365 days per year: On-Call Staff is Available: Call the office number above. Call 911 for medical emergencies! |
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| Child's Name: | Date: |
| Date of Birth: | |
| Primary Care Pediatrician: | |
| Pediatric Care Coordinator: | |
| Other Pediatric Care Team Members: | |

| Specialist Physician(s) | Role: | Phone: | Follow-up Due: |
|-------------------------|-------|--------|----------------|
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| Child's Care Summary: | |
| Ongoing Medical Diagnoses: | |
| Allergies: | |
| Medications: | |
| Equipment/Appliances/ Assistive Technology: | |
| Emergency Information to Know: | |

Your next follow-up appointment Date is: _____ with provider: _____

Pediatric Care Plan and Patient Summary

☺ Keep up the Good Work!

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GOALS:

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TO DO:

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|-------------------------------------|--|
| Child/ Parent/ Family: | |
| Pediatric Care Coordinator or Team: | |
| Pediatrician: | |
| Other: | |

Community Resources/ Referrals:

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My Care Plan

Child's Name: _____ Date: _____

Your Pediatric Care Team: Provider: _____ ADHD Coordinator: _____

Your next follow-up appointment for ADHD is: _____

School Information:

School Name: _____ Grade Level: _____

Key Teacher Contact Name: _____

Email Address: _____ Phone: _____ Fax: _____

Other Specialists:

| Specialist: | Role: | Phone: | Follow-up Due: |
|-------------|-------|--------|----------------|
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☺ Keep up the Good Work!

You are doing well at home and school by doing the following:

- Taking your medication regularly
- Completing assignments on time and turning them in
- Missing few days of school or other activities
- Scheduling regular maintenance appointments with your Pediatrician Care Team
- Other: _____

GOALS: What improvements would you most like to see?

- Remember to take medication
- Remember to complete planner
- Complete assignments on time
- Turn in assignments on time
- Increase time listening to others
- Eating healthy meals
- Miss fewer days of school
- Other _____

Medication Information:

| Medication: | | | |
|-------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. | Time _____ am/pm Dose 1 _____ mg | Time _____ am/pm Dose 2 _____ mg | Time _____ am/pm Dose 3 _____ mg |
| 2. | Time _____ am/pm Dose 1 _____ mg | Time _____ am/pm Dose 1 _____ mg | Time _____ am/pm Dose 1 _____ mg |

Common Side Effects: decreased appetite, sleep problems, transient stomachache, transient headache, behavioral rebound
Call your doctor immediately in any infrequent side effects occur: weight loss, increased heart rate and/or blood pressure, dizziness, growth suppression, hallucinations/mania, exacerbation of tics and Tourette syndrome (rare)

Further Evaluation/Treatment Needed:

- School evaluation/testing
- Psychological evaluation/testing referral: _____
- Teacher consultation
- Follow-up Parent Vanderbilt given
- Follow-up Teacher Vanderbilt given to parent ____ or faxed to school ____
- Behavioral Modification/Counseling referral: _____
- Other:

Additional Resources and Strategies:

- Community Resources/Referrals: _____
- CHADD: CHADD.org or Phone number: 800/233-4050
- Other: