

HEALTH CARE CHECKLIST FOR CHILDREN WITH SPECIAL HEALTH NEEDS (CSHN)

Child's Name _____

Today's Date _____

1. Child and Family Questions for today's appointment

- Questions for today's appointment (describe):
- Child and family goals and treatment priorities (describe):

2. General Health Issues

	<u>Current Status</u>	<u>Action Taken</u>	<u>Follow-up Needed</u>
<input type="checkbox"/> Immunizations			
<input type="checkbox"/> Growth/nutrition			
<input type="checkbox"/> Dental			
<input type="checkbox"/> Sleep			
<input type="checkbox"/> Respiratory status			
<input type="checkbox"/> Toileting			
<input type="checkbox"/> Pain and discomfort			

3. Condition specific health issues

<input type="checkbox"/> Clinical Issues Addressed (list)			
<input type="checkbox"/> Questionnaires, symptom diary			
<input type="checkbox"/> X-rays, medical/laboratory tests			
<input type="checkbox"/> Braces, assistive devices, durable medical equipment (DME)			
<input type="checkbox"/> Medications, special diet, special health procedures			
<input type="checkbox"/> Therapy services, home health nursing			

4. Developmental Surveillance

<input type="checkbox"/> Vision and hearing			
<input type="checkbox"/> Behavior			
<input type="checkbox"/> Overall development			

5. Educational programs (Early Intervention and Schools)

<input type="checkbox"/> IFSP, IEP, or 504 Plan			
<input type="checkbox"/> Questionnaires, symptom diary			
<input type="checkbox"/> Medication at school			
<input type="checkbox"/> Health procedure at school (e.g., clean intermittent catheterization)			
<input type="checkbox"/> environmental change at school (e.g., latex allergy)			

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(continued)

Current Status Action Taken Follow-Up Needed

6. Family Support & Advocacy

<input type="checkbox"/> Assistance with care coordination			
<input type="checkbox"/> Financial services			
<input type="checkbox"/> Transportation			
<input type="checkbox"/> Child care and respite			
<input type="checkbox"/> Parent-to-parent program			
<input type="checkbox"/> Sibling and spouse programs			
<input type="checkbox"/> Counseling			
<input type="checkbox"/> Advocacy and legal services			

7. Anticipatory Guidance

<input type="checkbox"/> Review condition, management with child/family			
<input type="checkbox"/> Provide self management support			
<input type="checkbox"/> Review community resources			
<input type="checkbox"/> Provide written information			
<input type="checkbox"/> Emphasize Self-care and independence			
<input type="checkbox"/> Encourage participation in community activities			
<input type="checkbox"/> Encourage Recreation and leisure			
<input type="checkbox"/> Discourage High-risk activities			
<input type="checkbox"/> Review transitions, e.g., to adult services and independent living			

Care Coordination

- Provide information to family on _____
- Provide self-management support on _____
- Contact _____ about _____
- Send reports to _____
- Request reports from _____
- Request authorization for _____
- Schedule _____
- Refer to _____ for _____
- Attend meeting about _____ on _____
- Phone follow-up on _____ for _____
- Make return appointment on _____ for _____