

## **Section 3 Medical and Health Care Information**

Your child has a special health care need. Medical appointments are a part of your life. You may be involved with one or with many physicians. Your child may require additional services recommended by the physician, such as occupational or physical therapy. Laboratory studies, x-rays or other specialized testing may be recommended to help the physician in learning more about your child's medical condition. Over the course of time you will find that you need to keep track of information regarding the medical services your child receives. This information will be useful when you take your child to a new physician, when your child becomes involved in a school program, or for some other reason you need to share information about your child's medical history. It may also help you in keeping track of his or her progress, in order that you can see the larger, overall picture of your child's needs and medical care.

Use this section to keep all information about your child's health care, health care needs, and care plans. This could include development and medical history as well as medication tracking, notes regarding changes in your child's condition or care, preparation for appointments, plans for care, well-child visits and immunizations, and therapy information.

### ***Wyoming Department of Health, Maternal and Family Health Programs (MFH-Title V)***

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As part of a broad network of partners, assesses, monitors, and improves the health and well-being of all of Wyoming's mothers, infants, children, and adolescents by both the personal care and public health systems to assure access to quality comprehensive care. This includes Comprehensive state-wide needs assessment and the Healthy Communities initiative. MFH provides leadership to ensure that all Wyoming women, children and families, including those with special health care needs, have access to prevention services and public health programs to create a strong foundation for optimal lifelong health. For more information and a list of all their programs, go to <http://www.health.wyo.gov/familyhealth/mch/index.html#women> or call 1-800-438-5795

### ***Children's Special Health (CSH)***

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Children's Special Health (CSH), a program of the Maternal and Family Health, Wyoming Department of Health, is for children and youth with special health care needs (CYSHCN). Our goal is to help these children receive the best possible care. Caring for a child is costly. Caring for a child with special health care needs can be even more costly. CSH helps families pay for specialty services. Caring for a child with special health care needs can also mean a lot of doctor's appointments. CSH can also help coordinate care.

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### **Services provided by Wyoming's CSH program include:**

- Coordination of care: helping families access services in their community.
- Financial assistance for qualifying medical conditions.
- Genetics and specialty care clinics.
- Funds for translation services required by CSH clients.
- Limited funding for transportation.
- Diagnostic evaluation to determine diagnosis.
- Some equipment and medications.

For more information on any of the CSH programs, call 1-800-438-5795.

<http://www.health.wyo.gov/familyhealth/csh/index.html>

### ***Newborn Metabolic Screening Program***

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When a baby is born in Wyoming, a nurse takes a tiny bit of blood from its heel which is then sent to the laboratory. The lab tests this blood to make sure the baby does not have any disorders. Screening is required by Wyoming State Law for all newborns unless you sign a waiver to opt out of screening. <http://www.health.wyo.gov/familyhealth/newborn/index.html>

### ***Genetics Clinic and Specialty Clinic Services***

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Genetic Counseling Services allows clients/families to gain a clearer understanding of inherited/genetic conditions and other birth defects, as well as the risk of recurrence. There is no financial eligibility requirement for an appointment.

These services are provided through The Children's Hospital of Denver, hosted at various locations throughout Wyoming. Out of state travel to your child's specialist can be a hardship to families. MFH has compiled a Specialty Clinic Directory for you to locate a clinic by specialty and location. <http://www.health.wyo.gov/familyhealth/csh/Metabolicsandgenetics.html>

### ***Safe Kids of Wyoming***

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The Wyoming Department of Health and Cheyenne Regional Medical Center are dedicated to reducing unintentional injuries in children in Wyoming through the Safe Kids of Wyoming program.

The Safe Kids of Wyoming Campaign chooses to implement a statewide social marketing campaign to raise awareness among adults, especially parents, parents-to-be and caregivers that unintentional injuries are the leading cause of death in children age 1-18 and that they are preventable through active (behavioral) and passive (environmental and legislative) interventions. For more info on local coalitions in Wyoming: <http://www.safekids.org/in-your-area/coalitions/list.html> or call Safe Kids Wyoming 307-633-7525

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## ***Tips***

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- Prepare for appointments. If you have questions or concerns, let the person who schedules appointments know so they can schedule in extra time for discussion.
- Sometimes a physician may mention a possible diagnosis for your child's medical condition. Be sure that you understand whether a diagnosis is only suspected or is actually confirmed.
- Don't hesitate to ask questions. Take along a small notepad to jot down notes.
- If—between visits—you think of questions you would like answered by your child's physician, write them down and take them with you to the next appointment. Make two copies—one for you and one for your physician. Sometimes answers cannot be provided on-the-spot, and copy of your questions and concerns will help your provider in following up with you.
- If you are not able to understand the medical language used by your child's physician or other professionals, ask them to explain it. If you do not have the chance to ask, find a medical dictionary to use as a reference book (often available at your local library), or go online to research the issue using a reliable internet source.
- There may be more than one medical treatment option for your child's condition. Ask what the options are and what can be expected from each option. Then decide which treatment you think will be best for your child.
- Ask if a second opinion would be helpful, if you are uncomfortable or confused about the diagnosis or treatment and uncertain about making the right decision for your child. Keep in mind that, while second opinions can be helpful, be careful you do not become a medical "shopper," hunting for the doctor who says what you want to hear.
- Be sure you know what the specialist expects you to do next and what you can expect the specialist to do. Write those expectations down.
- Ask the specialist where he or she will send the medical reports. Make a list of people you would like to receive reports. Be sure that your child's pediatrician or your family doctor receives copies of reports from specialists, therapists, etc. Don't assume this will happen if you do not specify or give them the names.
- If your child is seen by more than one specialist, be sure that they are each aware of the others involvement and that they share reports.

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- When your child is referred to another doctor or specialist, ask about the purpose of the referral. Also find out what will be involved in the specialist's examination (such as lab work and x-rays). Ask about the reports the specialist will want to see and take them with you or ask (in writing) that they be sent. Be sure to follow up to see if they have been received before your appointment.
- Most physicians and hospitals have social services departments who work with "special needs" children and their families. These departments are usually aware that other, non-medical services are sometimes needed (for example, counseling services for financial support) and will be able to help with referrals for such services when they recognize the need or when parents request such assistance. Don't hesitate to ask them to explain other services for which your family or your child may be eligible to receive.
- Have the physician tell you the name of any medication that is prescribed. Then, be sure that this is the same medication that the pharmacist is providing. Handwriting can occasionally be misinterpreted or misread. Check to make sure that all prescriptions are filled correctly by reading the label and looking at the medicine's color and consistency. Check the size, shape and color of pills, if they have previously been prescribed, to see if they appear to be the same. If an error has been made, contact the pharmacist immediately.
- Ask the physician, nurse or pharmacist to explain to you any side effects of medications prescribed or situations in which a specific medication should not be used.
- Learn how to change milliliters (ml) into teaspoon measurements (1 teaspoon = 5 ml or 5 cc), or keep a conversion chart handy. This will be helpful when liquid medication is prescribed. There are many places on the internet to download a conversion chart, or the pharmacist might have one available as well.
- When possible, use the same pharmacist or pharmacy to fill all your child's prescriptions. This will allow the pharmacist to easily check to see what other medications your child is taking or has taken in the past and alert you and the doctor to possible medication interactions. He or she can also become familiar with any problems your child has with taking medication (such as reactions).
- Become familiar with any medication prescribed for your child, its purpose, side effects, etc. Pharmacists are required to provide printed information regarding the medications they dispense. Be sure to read what is provided and ask the pharmacist any questions you may have about the medication. You may want to keep this information in your care notebook.
- Check with physicians, nurses and therapists to learn if there is any equipment that could help with your child's care or development at home.
- Obtain maintenance information on any special equipment that your child uses, and write down the date you bought it on the front.

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- When replacing equipment, be sure that the replacement item is the same as the original. Be sure that the equipment dealer provides a replacement item that meets the specifications of the original.
- Ask other parents about helpful tips they may have.

### ***Things to Take To an Appointment***

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- Birth/Development and Family History. You may wish to take the appropriate pages from this book each time your child sees a physician for the first time or when he or she is being admitted to the hospital.
- List of all medications and the dosages your child is currently taking. Also list any allergies or negative reactions your child has had to medications in the past.
- List of questions and concerns (you may want to make you own list of questions to keep in this book). Leave room to write in the doctor's answers! Include questions your child may have about his or her condition. Again, make two copies—one for you and one for your physician.
- Information about insurance coverage and other payment sources.
- Amusements, snacks, and loose change to entertain your child while in the waiting area.
- Consider taking a neighbor, friend, or baby-sitter to watch your child if you plan to speak privately or at length with the physician after your child has been examined.

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#### **Medical and Health Care Information 3.5**

# Appointment Planning Sheet

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Child's Name: \_\_\_\_\_

Parent \_\_\_\_\_ Chart ID \_\_\_\_\_ Date: \_\_\_\_\_

## Questions/Concerns regarding:

My child's Health/ Diagnosis: \_\_\_\_\_

Medicines: \_\_\_\_\_

Specialists/ Therapy: \_\_\_\_\_

Lab Results: \_\_\_\_\_

School/ IEP's/ Education: \_\_\_\_\_

Money/Finances/Insurance: \_\_\_\_\_

Behavior problems: \_\_\_\_\_

Toilet Training: \_\_\_\_\_

Community Based Services (Early Intervention, child care, etc.): \_\_\_\_\_

Home Health: \_\_\_\_\_

Family Needs: \_\_\_\_\_

Transitions/Life changes: new school, Sexuality/Maturation, etc.: \_\_\_\_\_

Other:

## Things I want to discuss:

## Follow Up:

Call (date) : \_\_\_\_\_

Next Visit (date): \_\_\_\_\_

Next Visit Agenda:

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## ***Developmental History***

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### **Indicate the age of your child when he/she**

Held head up: \_\_\_\_\_ Followed object with eyes: \_\_\_\_\_

Rolled over: \_\_\_\_\_ Played with hands: \_\_\_\_\_

Reached for objects: \_\_\_\_\_ Crawled: \_\_\_\_\_

Sat up: \_\_\_\_\_ Sat unsupported: \_\_\_\_\_

Stood supported: \_\_\_\_\_ Stood alone: \_\_\_\_\_

Walked alone: \_\_\_\_\_ Ate solid foods: \_\_\_\_\_

Was toilet trained: \_\_\_\_\_

### **Child care Experience**

Date started: \_\_\_\_\_ How long: \_\_\_\_\_

Name of provider: \_\_\_\_\_

Type of daycare: \_\_\_\_\_

Positive experiences: \_\_\_\_\_

Negative experiences: \_\_\_\_\_

### **Pregnancy and Birth History**

Complications with pregnancy: \_\_\_\_\_

Complications with delivery: \_\_\_\_\_

Length of pregnancy: \_\_\_\_\_

Health issues during first two weeks of child's life:

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# Medical History

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## Diagnosed Medical Conditions

Condition	When diagnosed?	Who Diagnosed?

**General Health:**    Good    Fair    Poor    Explain: \_\_\_\_\_

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Last Vision Exam: \_\_\_\_\_

Last Dental Exam: \_\_\_\_\_

**History of Seizures, Convulsions, and/or Staring Spells:**    Yes    No

Explain: \_\_\_\_\_

## Detail Hospitalizations (serious illness, injury or allergic reaction)

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### Medical and Health Care Information 3.8

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## ***Family Medical History***

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### **Mother's Family**

<b>Relationship</b>	<b>Health Conditions/Illnesses</b>	<b>Date Diagnosed</b>
Mother		
Grandmother		
Grandfather		
Aunt		
Uncle		

### **Father's Family**

<b>Relationship</b>	<b>Health Conditions/Illnesses</b>	<b>Date Diagnosed</b>
Mother		
Grandmother		
Grandfather		
Aunt		
Uncle		

### **Child's Siblings**

<b>Relationship</b>	<b>Health Conditions/Illnesses</b>	<b>Date Diagnosed</b>

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## Care Schedule

Time	Care
Morning	
Time	Care
Afternoon	

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Time	Care
Evening	
Time	Care
Overnight	

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## ***Medication Management: Tips to Avoid Problems***

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There are lots of things you can do to take prescription or over-the-counter (OTC) medications in a safe and responsible manner.

- Always read drug labels carefully. Learn about the medication, the reason it was prescribed, dosage information and potential side-effects.
- Learn about the warnings for all the drugs you take. Do not crush or cut pills before checking with your doctor or pharmacist.
- Keep medications in their original containers so that you can easily identify them. Also be mindful of storage conditions such as temperature, refrigeration and direct sunlight. If you need to take your child's medication to school and develop a health plan, be aware that school personnel must have the medications in its' original container
- Ask your doctor what you need to avoid when you are prescribed a new medication. Ask about food, beverages, dietary and/or herbal supplements, and other drugs.
- Check with your doctor or pharmacist before taking an OTC drug if you are taking any prescription medications. Drug interactions can be deadly!
- Use one pharmacy for all of your drug needs.
- Keep all of your health care professionals informed about everything that you take.
- Keep a record of all prescription drugs, OTC drugs, and dietary and/or herbal supplements that you take. Try to keep this list with you at all times, but especially when you go on any medical appointment.

### ***For More Information***

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FDA's Drug Development and Drug Interactions Web site

[www.fda.gov/cder/drug/drugInteractions/default.htm](http://www.fda.gov/cder/drug/drugInteractions/default.htm)

Consumer Education: Ensuring Safe Use of Medicine

[www.fda.gov/cder/consumerinfo/ensuring\\_safe\\_use\\_text.htm](http://www.fda.gov/cder/consumerinfo/ensuring_safe_use_text.htm)

MedWatch

[www.fda.gov/medwatch/](http://www.fda.gov/medwatch/)

Preventable Adverse Drug Reactions: A Focus on Drug Interactions

[www.fda.gov/cder/drug/drugReactions/default.htm](http://www.fda.gov/cder/drug/drugReactions/default.htm)

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Child's Name: \_\_\_\_\_

	Date	Physician	Reaction	Date	Physician	Reaction	Date	Physician	Reaction	Date	Physician	Reaction	Date	Physician	Reaction
Hepatitis B															
Diphtheria-Tetanus (Combined: DT)															
Diphtheria-Pertussis-Tetanus (Combined: DPT)															
Tetanus															
Polio															
Influenza Type B															
MMR (Measles, Mumps and Rubella)															
Measles (Rubeola)															
Mumps															
Rubella (3 day measles)															
Varicella Zoster															
Tuberculin Test (TB)															
Lead Screening															
Other Screenings															

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## ***Dental Record***

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Child's Name: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Telephone: \_\_\_\_\_

Dentist has been informed of child's medical condition and medical specialists' recommendations.

All children should have routine dental care. Such care may be even more important when your child has a special health care need. He or she may need to be followed by a dentist with special skills. Consult with your family dentist or your child's medical specialist to determine if he or she requires specialized dental services.

Before your child is examined, the dentist should have information regarding your child's medical condition and current care. Any precautions recommended by your child's medical specialist should be discussed with the dentist. It is also essential that you provide the dentist with a list of current medications received by your child.

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## Allergies and Childhood Illnesses

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### Diseases

	Date	Duration	Treatment
7 day regular measles			
German Measles (rubella)			
Chickenpox			
Mumps			
Pertussis (whooping cough)			
Scarlet Fever			
Strep Throat			
Roseola			
Other (rashes, etc.)			

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### Medical and Health Care Information 3.17

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## ***Equipment and Supplies***

Medical Equipment Supplier (DME): \_\_\_\_\_

Contact: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

<b>Item Name and Product Code</b>	<b>Quantity</b>	<b>Delivery Date</b>	<b>Reorder Schedule</b>	<b>Scheduled maintenance</b>	<b>Notes</b>

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## ***Diet Tracking Form***

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	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Tube Feeding</b>							
<b>Breakfast</b>							
<b>Lunch</b>							
<b>Dinner</b>							
<b>Snacks</b>							

**Notes:**

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# ***AUTHORIZATION TO ADMINISTER MEDICATION***

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Name of Individual receiving medication: \_\_\_\_\_

I, \_\_\_\_\_, guardian/parent of \_\_\_\_\_

\_\_\_\_\_, authorize \_\_\_\_\_ to administer medications prescribed by his/her physician while in his/her care during our absence.

I understand that I will provide all dosage and administration information, and that I am responsible for understanding side effects of the medications and reporting these to the physician.

I understand that this authorization will be in effect one year from the date signed.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent/Guardian

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

# ***AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT***

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## **PLEASE COMPLETE THE FOLLOWING:**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies to Medication: \_\_\_\_\_

Chronic Medical Conditions: \_\_\_\_\_

In the event of an emergency requiring medical treatment/aid due to illness or injury while in the care of, \_\_\_\_\_, I \_\_\_\_\_

(parent or guardian)

authorize medical or surgical care from a healthcare facility, physician, or dentist for my child. It is understood that a conscientious effort will be made to locate me before action will be taken. If this is not possible, treatment as deemed necessary by the healthcare facility/physician/dentist may be taken. I further consent to transportation of the above-named child to the nearest or most appropriate medical facility.

Insurance Company that covers the above-named child is: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medicaid Client: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

ACS Phone #: \_\_\_\_\_

I authorize the hospital, and attending physician/dentist to submit claims to this company and to Medicaid, and hereby assign benefits directly to them.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of Parent/Guardian)

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Medical and Health Care Information 3.26**

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