MGH Revere Sample Care Plan
12.20.2011

MGH MRN: Completed Assessment With:

Date of Birth: Phone #:

Parents/Guardians: Primary Language:

Care Coordination Appointment Date: Source of Transportation:

**Provider Portion:**

**Allergies**

**Special Diet:**

**Patient Information**
(include specialists and their contact information)

**Problems**
(can be populated by LMR)

**Past Medical History**

**Medications**
(can be populated by LMR)

**Immunizations**

**Dental**

**Code Status**

**Functional Status** (Hygiene, Self Care, Adaptive Equipment)

**Other Pertinent Information**
Care Coordinator Portion:

- Development
  - Speech and Language
  - Motor (Fine and Gross)
  - Social Concerns
  - Needs/supports with these issues?

- ED visits in last 6 months?

- Changes or concerns with any medications?

- Sleep Problems/concerns:

- Nutritional concerns:

Social/Family Profile

- Parents’ current marital status:
- Describe household:
- Any children not living in the household?

- Describe any past/current significant issues in intimate or immediate family relationships?

- Cultural/Ethnic affiliation:

- Family Supports (do you have individuals that you trust to support your family such as neighbors, friends, family, church…) Specify:

- Mental Health Hx
  - Hx of Outpatient Treatment
• Hx of Inpatient Tx
• Family Hx

• Other agencies/systems child/family is involved with (early intervention, DCF, DMR):

• Community Involvement (church, mosque)

• Child’s Favorite Activities:

• Challenges for child (school, development, organization…):

• Challenges for family (school, development, organization...):

• One thing you would like help improving in your family (if anything)?

• Describe any recent changes in household?

Socio-Economic History:
• Is anyone working in the household?

• Any financial instability/concerns?

• Federal/other benefits (WIC, SNAP, cash)

• Other information that may be helpful about your family:

Education
• School/Program Child Attends:
• Grade:
• Special Education Services (IEP)?
• Any concerns/issues regarding your child’s education:

• Parents Education Background:

Actions to follow:

1.

2.

3.