Sample Individual Health Plan

Name: _____ **Date of Last Revision**:_____
Date of Birth:_____
Address/Phone/Parents:_____
_____

Primary Doctor: _____
Address/Phone: _____
_____

Principal Diagnosis:_____
_____
_____

Problem List:
1._____
2._____
3._____

Consultants/Hospital/Phone/Date Last Seen:
_____
_____
_____

Hospital Admissions in the last 12 months
Reason/Outcome/Discharge Date:
1. _____
_____
2. _____
_____

Curre nt Medications:
Dosage/Frequency/Method of Administration/Reason for taking/Prescribed by/Date started/effectiveness/side effects
1. _____
_____
_____
2. _____
_____
_____
3. _____
_____

Allergies:
_____
_____

Equipment:
Type of equipment/company providing equipment/date prescribed/new equipment needed
_____
_____

Home Care:
Name of agency/phone/address/contact person/services provided

Public Programs Involved/Services provided: example: public health, school, therapy companies, etc.
Name of agency/contact person/services provided

Medical History:
Dates of diagnoses/surgeries/hospitalizations/treatments/significant changes

Review of Body Systems:
Issue/How does it impact child/treatment/effectiveness/doctor treating/date of last doctor visit/unresolved issues/tests needed

Nutrition/swallowing: _____ Dental: _____
Vision: _____ Cardiac: _____
Hearing: _____ Renal: _____
Communication: _____ Endocrine: _____
Respiratory _____ Gastrointestinal: _____
Orthopedic: _____ Skin Integrity: _____

Potential Problems:
Changes/issues to watch/plan to address changes

Team Goals:
Date of last meeting/issues addressed/plan developed/timelines/follow-up/test results/insurance or coverage issues