

# Care Notebook

*For Children & Youth with  
Special Health Care Needs*



*Medical Home Portal*



# About Your Care Notebook

## What is a Care Notebook and how can it help me?

A Care Notebook is a tool for families who have children with special health care needs to keep track of important information about their child's health care. It was designed for families, by families of Children and Youth with Special Health Care Needs.

Over time, you will get information and paperwork from many sources and providers involved in your child's care. A Care Notebook helps you organize the most important information in one place, and makes it easier for you to find and share this information with others who are part of your child's care team. This book can be used "as is" or you can remove or add pages according to your child's needs. You can store it online or print a copy.

## Why build my own care notebook?

Care Notebooks are very personal to your child and ideally should be customized to reflect your child's medical history and current information. Utah Family Voices recommends use of the Medical Home Portal to create your individualized Care Notebook.

## How do I build my own Care Notebook?

Go to the [Medical Home Portal](#) for tips on setting up your notebook, as well as to add extra pages or access additional information.

You will need the free Adobe Reader on your computer to open and view the PDF documents. This format allows you to save files that cannot be modified, but can be easily shared and printed. You can download a desktop version of Adobe Acrobat Reader at <https://acrobat.adobe.com/us/en/acrobat/pdf-reader.html#tt> or look for Adobe Acrobat Reader on the App Store or Google Play Store. The PDF files are set up to allow you to complete the forms on your phone or computer, or you may print the forms and complete them by hand. It is helpful to view the online examples before building your own care notebook. Here are some examples of information to include:

- <https://cshcn.org/pdf/getting-to-know-me-teens-sample.pdf>
- <https://cshcn.org/pdf/whats-the-plan-teens-sample.pdf>
- <https://cshcn.org/pdf/in-case-of-emergency-form-teens-sample.pdf>

# Setting Up Your Care Notebook

## Use your Care Notebook:

- Store the Care Notebook where it is easy to find. This helps you and anyone who needs information when you are not there.
- Share new information with your child's primary care physician, school nurse, daycare staff, and others caring for your child.
- Take the Care Notebook with you to appointments and hospital visits so that information you need will be easy to find.
- Include your child when working on the Care Notebook. Let them know that the Care Notebook contains information about them and their care.

## Follow these steps to set up your Care Notebook:

### Step 1: Gather information you already have to fill and update your Care Notebook.

- Track changes in your child's medicines or treatments.
- Add new information to the Care Notebook whenever your child's treatment changes.
- List telephone numbers for providers and contacts.
- Prepare for appointments.
- File information about your child's health history.

### Step 2: Check out the pages of the Care Notebook

- Which of these pages could help you keep track of information about your child's health or care?
- Use the Care Notebook as it is, or remove or add pages that will help you personalize your book to your child's needs. These are available at the [Medical Home Portal](#).
- Use the PDF form fields to enter and store your information electronically, or you can print a copy to share with others caring for your child.
- For a printed copy, call Utah Family Voices at 801-272-1068.

### Step 3: Decide which information is most important to keep in your child's Care Notebook

- What information do you look up often?
- What information do caregivers for your child need most?
- Consider storing other information in a file drawer or box where you can find it, if needed.

### Step 4: Assemble your Care Notebook

Everyone has a different way of organizing information. The KEY is to make it easy for you to find again. Here are some suggestions for supplies used to create a Care Notebook:

- Three-ring notebook to hold papers securely.
- Tabbed dividers to create your own information sections.
- Pocket dividers to store reports.
- Plastic pages to store business cards and photographs.

# Care Notebook Contents

## My Child and Family

- Child Information Page
- Family Information Page
- Scheduling Calendar
- Notes

## Health Care

- CSHCN Emergency Health Information Sheet
- Doctor's Appointments
- Diagnoses and Conditions
- Nutrition
- Diet and Tube Feed Tracking
- Growth Tracking
- Immunization and Allergies
- Medications
- Nebulizer Treatments and Vest Treatments
- Catheterization Schedule
- Respiratory/Breathing Notes
- Dental
- Surgeries or Procedures
- Lab Work/Tests/Procedures
- Event Tracker
- Seizure/Behavior Log
- Medical Supplies
- Notes

## Contacts

- Health Care Providers
- Family Support Resources
- School Contacts
- Emergency Contacts
- Personal Contacts
- Contact Log
- Notes

## Care Plan

- Care Schedule
- Mealtime Routine
- Therapy
- Activities of Daily Living
- Social Experiences
- Recreation
- Communication
- Communication Milestones
- Coping/Stress Tolerance
- Mobility
- Social/Play
- Rest/Sleep
- Transitions/Looking Ahead
- Notes

## Health Coverage

- Insurance/Coverage
- Medical Bill Communication Log
- Medical Bills
- Medical Travel Expense Log
- Out-of-Pocket Expense Log
- Notes

Note: You may use all or just some of these pages. Not all of the pages may apply to your family situation. Look on the website to add different pages. Organize your pages any way that works for you. (See *Setting up Your Care Notebook*.) Use dividers or tabs to help you organize your notebook. Sheet protectors, plastic sleeves, and folders will also be helpful.

**Use the “My Child and Family” section of your Care Notebook to create an identity profile for your child.**

**This section includes a personal profile, family, friends, and a calendar to schedule your child’s appointments and activities.**

# Child's Information Page

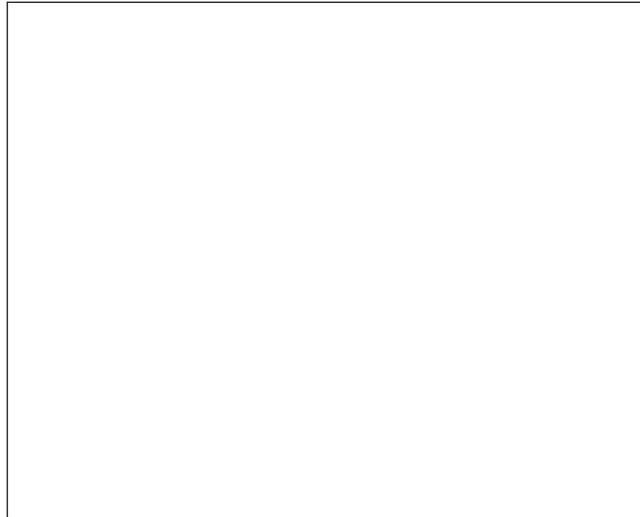


Photo of Me!

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

Nickname: \_\_\_\_\_

Birthday: \_\_\_\_\_

I like to: \_\_\_\_\_

I don't like to: \_\_\_\_\_

I have a pet yes  no  My pet is a \_\_\_\_\_ Named \_\_\_\_\_

Friends: \_\_\_\_\_

Caregivers: \_\_\_\_\_

When I am happy I \_\_\_\_\_

When I am sad I \_\_\_\_\_

When I feel pain I \_\_\_\_\_

I need help with \_\_\_\_\_

I can do these things for myself \_\_\_\_\_

If you need to know something else, call \_\_\_\_\_

## Favorite Things

Toys \_\_\_\_\_

TV shows \_\_\_\_\_

Games \_\_\_\_\_

Hobbies \_\_\_\_\_

Songs \_\_\_\_\_

Animals \_\_\_\_\_

Favorite foods \_\_\_\_\_

Least Favorite foods \_\_\_\_\_



# Family Information

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

Nickname: \_\_\_\_\_

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

Diagnosis: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

Other household members:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Important Family Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

\_\_\_\_\_

Interpreter Needed? Yes:  No:

Preferred interpreter? Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Emergency Contact

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

Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

# Scheduling Calendar

Month \_\_\_\_\_ Year \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Name: \_\_\_\_\_ DOB: \_\_\_\_\_





**The “Health Care”  
section of your Care  
Notebook contains all  
information about your  
child’s health care and  
health care needs. This  
section will be very helpful  
at appointments with  
doctors and specialists.**



Bringing Hope  
Opening Doors  
Elevating Inclusion



# CSHCN Emergency Health Information Sheet (Información De Emergencia)

## Demographics (Demografía)

Name: (nombre) \_\_\_\_\_

Birthdate: (fecha de nacimiento) \_\_\_\_\_ M  F  Age: (edad) \_\_\_\_\_

Primary Language: (idioma preferido) \_\_\_\_\_

Parent/Guardian: (nombre de Padre/Tutor) \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: (contacto de emergencia) \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital for Transport: (hospital preferido) \_\_\_\_\_

## Baseline Status (Condición normal)

Vital Signs: (los signos vitales) HR: \_\_\_\_\_ RR: \_\_\_\_\_ BP: \_\_\_\_\_ O2 Sat: \_\_\_\_\_%

Weight: (peso) \_\_\_\_\_lbs Height: (altura)ft/in \_\_\_\_\_ Best IV site: (major IV sitio) \_\_\_\_\_

Neuro Status/Your child's developmental level: (condición neurológica del paciente)

\_\_\_\_\_

Nonverbal (no puede hablar)       Hearing Impaired (No puede oír)       Visually Impaired (No puede ver)

## Medical History (Historial médico)

Allergies/Reaction: (alergias/reacción)

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

Medical Conditions: (condiciones médicas)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hospitalizations/Surgeries: (hospitalizaciones/cirugías)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: (medicinas)

1. \_\_\_\_\_ 6. \_\_\_\_\_

2. \_\_\_\_\_ 7. \_\_\_\_\_

3. \_\_\_\_\_ 8. \_\_\_\_\_

4. \_\_\_\_\_ 9. \_\_\_\_\_

5. \_\_\_\_\_ 10. \_\_\_\_\_



# Doctor's Appointments

Doctor's Name	Appointment Date	Appointment Time	Questions to Ask at Appointment

<https://www.medicahomeportal.org/>

Care Notebook revised 5/27/2021



# Nutrition

Use this page to talk about your child's nutritional needs. Describe foods and any nutritional formulas your child takes, any food allergies or restrictions, and any special feeding techniques, precautions or equipment used for feedings. Describe any special mealtime routines for your child and family.

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

<b>Foods/Nutritional Formulas</b>
<b>Allergies or Restrictions</b>
<b>Special Feeding Techniques, Precautions, or Equipment</b>
<b>Mealtime Routines</b>

# Diet and Tube Feed Tracking

Use this page to talk about your child's daily eating schedule. Whether they eat by mouth or use a tube, weekly schedule, and additional details to know about your child and family's mealtime routines.

	Sunday	Monday	Tuesday	Wednes- day	Thursday	Friday	Saturday
<b>Night Tube Feed</b>							
<b>Breakfast/ Morning Tube Feed</b>							
<b>Lunch/ Noon Tube Feed</b>							
<b>Dinner/ Evening Tube Feed</b>							
<b>Snacks/ Extra Fluids</b>							
<b>Notes</b>							



# Immunizations and Allergies

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

https://www.medicahomeportal.org/  
Care Notebook revised 5/27/2021

	Date	Physician	Reaction												
Hepatitis B															
Diphtheria-Tetanus (Combined: DT)															
Tetanus															
Polio															
Influenza Type B															
MMR (Measles, Mumps and Rubella)															
Measles (Rubeola)															
Mumps															
Rubella (3-day Measles)															
Varicella Zoster															
COVID-19															
Flu															

	Date	Result	Date	Result	Date	Result
Tuberculin Test						
Lead Screening						
Other						

# Immunizations and Allergies

Communicable Diseases	Date	Duration	Drugs Taken

## Allergy Record

Allergy	Type of Reaction	Date











# Surgeries or Procedures

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

Type of Surgery/Procedure	Surgeon/Physician/Hospital	Date(s)

## Hospital Admissions (For Reasons Other Than Surgery)

Reason for Admission	Hospital	Date(s)







# Medical Supplies

Medical Supplies For: \_\_\_\_\_

Supply Company Name: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Product Description	Product Code	Quantity	Received	Back Order	Comments





**Use the “Contacts”  
section of your Care  
Notebook for the  
people who provide  
services, give care to your  
child, and are a part of  
their life.**

**Include school,  
emergency, and personal  
contacts.**

# Health Care Providers

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

Primary Medical Provider \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Primary Medical Provider \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Specialty Hospital \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Specialist Name \_\_\_\_\_

Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Specialist Name \_\_\_\_\_

Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Specialist Name \_\_\_\_\_

Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

# Health Care Providers

Specialist Name \_\_\_\_\_  
Clinic/Hospital \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Specialist Name \_\_\_\_\_  
Clinic/Hospital \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Dentist Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Orthodontist Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Public Health Nurse \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Nutritionist \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

# Health Care Providers

Social Worker \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Healthy Families Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Home Health Agency \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Home Health Agency \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Home Health Agency \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Pharmacy \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

# Health Care Providers

Pharmacy \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Occupational Therapist (OT) \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Physical Therapist (PT) \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Speech-Language Pathologist \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Other Therapist \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

# Health Care Providers

Other Therapist \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Respite Care Provider \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Contact \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Contact \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Contact \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

# Family Support Resources

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

Parent-to-Parent \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Parent Group \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Religious Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Service Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Counseling Services \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Other \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

# Family Support Resources

School/Preschool \_\_\_\_\_  
Principal \_\_\_\_\_  
School Contact \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

School Nurse \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Teacher \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Special Education Teacher \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Other \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Other \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

# Family Support Resources

Transportation Agency \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Transportation Agency \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Care Provider \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Care Provider \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Care Provider \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

# School Contacts

(Some parents store IEP and 504 plan information in sheet protectors following this section.)

School District \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Website \_\_\_\_\_

Special Education Coordinator \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Website/Email \_\_\_\_\_

504 Accommodation Plan Coordinator \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Website/Email \_\_\_\_\_

District Nurse assigned to your child's school \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Website/Email \_\_\_\_\_

Care Provider \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

School/Preschool \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Website \_\_\_\_\_

# School Contacts

Principal/Administrator \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Website/Email \_\_\_\_\_

Classroom Teacher \_\_\_\_\_

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

Website/Email \_\_\_\_\_

Resource Instructor \_\_\_\_\_

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

Website/Email \_\_\_\_\_

Aide/Assistant/Intervener \_\_\_\_\_

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

Website/Email \_\_\_\_\_

Special Education Director \_\_\_\_\_

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

Website/Email \_\_\_\_\_

Special Education Teacher \_\_\_\_\_

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

Website/Email \_\_\_\_\_

Therapist(s) \_\_\_\_\_

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

Website/Email \_\_\_\_\_

Other Contacts \_\_\_\_\_

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

Website/Email \_\_\_\_\_

Other Contacts \_\_\_\_\_

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

Website/Email \_\_\_\_\_

# Emergency Contacts

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

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Email \_\_\_\_\_

# Personal Contacts

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

Name _____ Address _____ _____ City, State ZIP _____	Phone _____ Office _____ Fax _____ Cell _____ Email _____
Name _____ Address _____ _____ City, State ZIP _____	Phone _____ Office _____ Fax _____ Cell _____ Email _____
Name _____ Address _____ _____ City, State ZIP _____	Phone _____ Office _____ Fax _____ Cell _____ Email _____
Name _____ Address _____ _____ City, State ZIP _____	Phone _____ Office _____ Fax _____ Cell _____ Email _____
Name _____ Address _____ _____ City, State ZIP _____	Phone _____ Office _____ Fax _____ Cell _____ Email _____
Name _____ Address _____ _____ City, State ZIP _____	Phone _____ Office _____ Fax _____ Cell _____ Email _____
Name _____ Address _____ _____ City, State ZIP _____	Phone _____ Office _____ Fax _____ Cell _____ Email _____







**The “Care Plan” section of your Care Notebook is where you can list what is happening in your child’s life and what you would like to see happen in the future. This includes daily care, mealtime routines, therapies, recreation, communication, play, and more.**

# Care Schedule

Time	Care
<b>Morning</b>	
<b>Afternoon</b>	

# Care Schedule

Time	Care
<b>Evening</b>	
<b>Night</b>	

# Mealtime Routine

Usual eating times: \_\_\_\_\_

Usual length of time to eat: \_\_\_\_\_

Food Allergies	Foods to Avoid

Favorite Foods	Food Dislikes

Feeding Equipment	Utensils Used	Positioning

Feeding Tips: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





# Social Experiences

What activities make life meaningful for your son or daughter? What leisure activities does he/she enjoy? List all hobbies, interests, recreational and social activities, and vacation preferences. Make a list of places and situations that your child is uncomfortable with or dislikes.

Favorite TV Shows/Movies

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Hobbies/Activities In the Home

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Leisure Activities/Clubs Outside the Home

Name of Club \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone Number \_\_\_\_\_  
How Often \_\_\_\_\_

Name of Club \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone Number \_\_\_\_\_  
How Often \_\_\_\_\_

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Special Interests

(Example: loves baseball games in person, but not on TV)

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Favorite Vacations/Travels

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# Recreation

A number of organizations have programs designed to give children and adults with special needs opportunities to get out and enjoy themselves. These include local park and recreation programs. Check with your [local parent training and information center](#) to find out more about recreation opportunities close to your home.

Some parents include brochures and activity calendars in this section of their Care Notebook.

Recreation Opportunity: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Schedule: \_\_\_\_\_

Recreation Opportunity: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Schedule: \_\_\_\_\_

Recreation Opportunity: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Schedule: \_\_\_\_\_

Recreation Opportunity: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Schedule: \_\_\_\_\_

Recreation Opportunity: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Schedule: \_\_\_\_\_

Notes:

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**The “Health Coverage”  
section is where you can  
record all information on  
Health Care Coverage,  
Medical Bills,  
Correspondence,  
and Out-of-Pocket  
Expenses.**

# Insurance/Coverage

Insurance Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

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

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

Website/Email: \_\_\_\_\_

Medicaid (ACO Name, if applicable. This is the company name above your child's name and ID number on the Medicaid Card): \_\_\_\_\_

Policy Number: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

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

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

Insurance Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

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

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

Website/Email: \_\_\_\_\_

Supplemental Security Income (SSI): \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

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

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

Website/Email: \_\_\_\_\_

Other: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

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

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

Website/Email: \_\_\_\_\_

Other: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

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

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

Website/Email: \_\_\_\_\_















*Medical Home Portal*



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or email [tinap@utahparentcenter.org](mailto:tinap@utahparentcenter.org)**