



How to make your own Care Notebook:

Information about the Care Notebook:

OFN is the Oklahoma Family-to-Family Health Information Center.

OFN is Oklahoma's Parent-to-Parent Support Network for families of children with special health care needs and the professionals who serve them.

Care Notebook Training:

The Notebook provided has been developed by the OFN Care Notebook Task

Force including: Joni Bruce, Amanda Chapman, Erica Herrera,

Linda Mattingly-Smith, Traci Schaeffer and Louis Worley.

What is a Care Notebook?

An organizing tool for families who have children with special health care needs. Use it to keep track of important health care and school information for your child.

How can a care notebook support better outcomes for your child?

You will organize the most important information for your child in a central place. A Care Notebook makes it easier for you to find and share key information with others who are part of your child's care team. This is most important in emergent or new situations.

Helpful hints for your care notebook?

- ✓ Store it where it is easy to find.
- ✓ Add new information as your child has a new evaluation, IEP, surgery, medication change, diagnosis, etc.
- ✓ Take it with you to appointments, hospital visits and IEP meetings.

Setting up your notebook:

- ✓ Gather information you already have
- ✓ Look through the pages provided
- ✓ Decide which information is most important to include
- ✓ Put the notebook together
- ✓ Update it as needed
- ✓ Don't forget to take it with you!

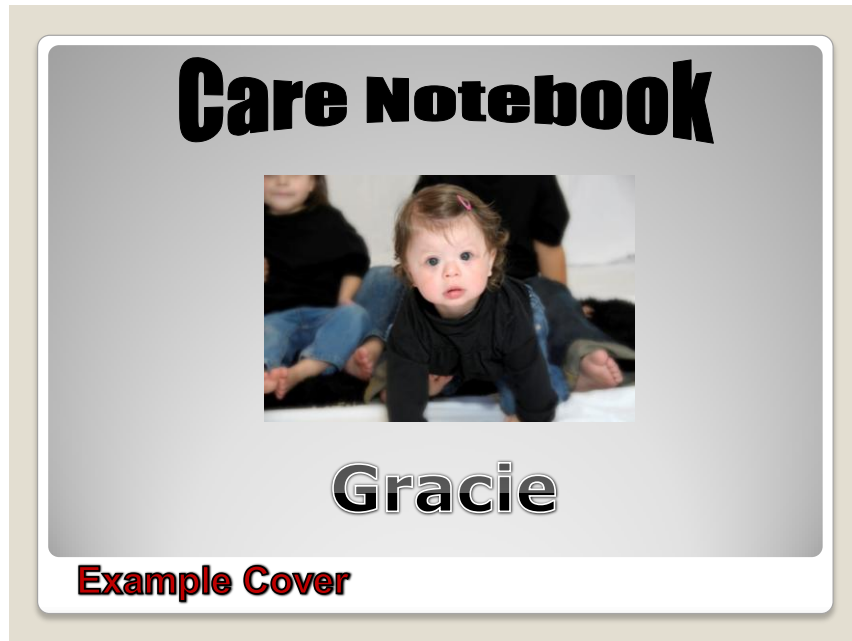
Let's Get Started:

These are all the tabs that are included in your notebook. If you need to add more tabs, feel free! This is your notebook, you can make it as personal as you would like.

OFN Care Notebook Tabs:

- ✓ Cover sheet
- ✓ Medical Information
- ✓ Providers
- ✓ Resources
- ✓ Evaluations
- ✓ IEP/IFSP/IP
- ✓ Insurance/Legal Information

The next few pages are examples of documents that go under each of the tabs that are listed above.



Medical Information: *There is an example of each document below. Each document is available to download for your use.*

- ✓ *Appointment log*
- ✓ *Portable medical summary*
- ✓ *Hospitalizations*
- ✓ *Important tests*
- ✓ *Growth*
- ✓ *Treatment plan*
- ✓ *Immunizations (attach shot record)*

Child's Name: _____ Date of Birth: _____

Appointment Log:

Date/Time	Doctor/Therapist/Agency	Contact Information	Notes:



Provided by: THE OKLAHOMA FAMILY NETWORK

PORTABLE MEDICAL SUMMARY: NAME: _____

NAME:		BIRTH DATE:	
ADDRESS:		PARENT/GUARDIAN:	
PRIMARY LANGUAGE:		HOME/WORK PHONE:	
		EMERGENCY CONTACT:	
		PHONE NUMBER (S):	
PERTINENT PERSONAL CHARACTERISTICS:			
MEDICATIONS		Allergies:	
DAILY Rx:	MONTHLY Rx:	REACTIONS:	
Rx PIN: _____		HERBS/SUPPLEMENTS:	
OXYGEN: YES <input type="checkbox"/> NO <input type="checkbox"/> QUANTITY: _____		IMMUNIZATION RECORD (PLEASE ATTACH)	
IMMUNIZATIONS UP TO DATE: YES <input type="checkbox"/> NO <input type="checkbox"/>			
PRIMARY DIAGNOSIS:		AGE AT TIME OF DIAGNOSIS:	
OTHER DIAGNOSIS:			
Hospitalizations/Surgeries/Procedures:		Date:	Hospital Name:
			Physician:
BASELINE VITALS:		BASELINE NEUROLOGICAL STATUS:	
RESPIRATIONS: _____ TEMP: _____			
BP: _____ HR: _____			
BASELINE FINDINGS:			
COMMON PRESENTING PROBLEMS:		TREATMENT CONSIDERATIONS:	
1. _____		1. _____	
2. _____		2. _____	

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PORTABLE MEDICAL SUMMARY: NAME: _____

PRIMARY CARE PHYSICIAN:		EMERGENCY PHONE:	
OTHER PHYSICIAN:		FAX:	
EMERGENCY PHONE:		OTHER PHYSICIAN:	
FAX:		FAX:	
OTHER PHYSICIAN:		OTHER PHYSICIAN:	
EMERGENCY PHONE:		EMERGENCY PHONE:	
FAX:		FAX:	
MEDICAL EQUIPMENT:	MEDICAL SUPPLIES:	PROVIDER:	CONTACT INFO:
NUTRITION/FITNESS GOALS:		PROVIDER:	CONTACT INFO:
FUNCTIONAL CAPABILITIES:	BRIEF SUMMARY:	FUTURE PLANS: AGENCIES INVOLVED/REFERRALS MADE:	
SERVICES CURRENTLY RECEIVING:		PROVIDER CONTACT INFO:	
HEALTH INSURANCE PRIMARY:		HEALTH INSURANCE SECONDARY:	
NAME:		NAME:	
PHONE:		PHONE:	
OTHER COMMENTS:			

Signature Parent/Guardian: _____ Date: _____
 Signature Primary Care Provider: _____ Phone: _____

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Child's Name _____ Date of Birth _____

Hospitalizations:

Date:	Name and Address of Hospital:	Physician/Surgeon:	Reason for stay/Surgery:	Result:



Child's Name: _____ Date of Birth: _____

School Information: _____

School Name: _____

School Address: _____

School Phone: _____



School Fax: _____

Teacher: _____

Teacher: _____

Therapist: _____

Therapist: _____

Child's Name: _____ Date of Birth: _____

Early Intervention:

Agency: _____

Agency Address: _____

Agency Phone: _____


Agency Fax: _____

Resource Coordinator: _____

Therapist: _____

Therapist: _____

Therapist: _____



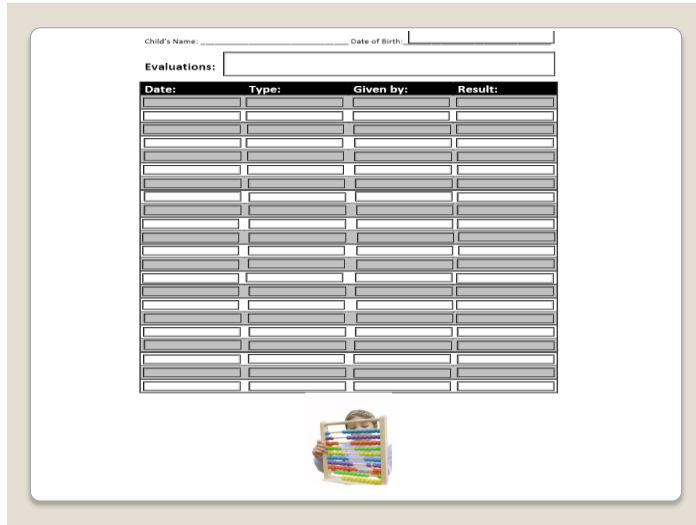
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Resources: *These are examples of resources that you might put under this tab.*

- *Any information that serves as a resource for your child!*
 - ✓ *Case Manager Contact Information*
 - ✓ *OASIS web site*
 - ✓ *OK Parents Center contact information*
 - ✓ *Sooner SUCCESS contact information*
 - ✓ *Child Care Provider, Catholic Charities, etc.*

Evaluations:

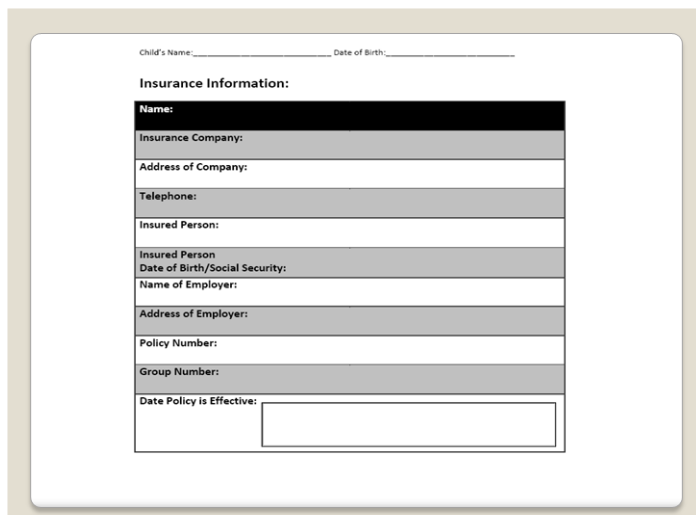
- ✓ Include Evaluation sheet (copies of all evaluations especially most recent including Functional Behavioral Assessments)
- ✓ This may be from school, OU Child Study Center, a psychologist, a behavioral therapist, etc.

A screenshot of a form template for evaluations. At the top, there are fields for "Child's Name:" and "Date of Birth:". Below these is a section labeled "Evaluations:" with a large empty box. Underneath is a table with four columns: "Date:", "Type:", "Given by:", and "Result:". The table has 15 rows. At the bottom of the form, there is a small cartoon illustration of a child's head with gears inside.**IEP/IFSP/IP:**

- ✓ Include copies of most recent and perhaps the one before the most recent IEP, IFSP, and/or IP

Insurance/Legal Documents:

- ✓ Insurance information sheet (copies of cards)
- ✓ Guardianship papers
- ✓ Living will papers
- ✓ Etc...


A screenshot of a form template for insurance information. At the top, there are fields for "Child's Name:" and "Date of Birth:". Below these is a section labeled "Insurance Information:". Underneath is a table with several rows, each with a label and a corresponding input field. The labels are: "Name:", "Insurance Company:", "Address of Company:", "Telephone:", "Insured Person:", "Insured Person Date of Birth/Social Security:", "Name of Employer:", "Address of Employer:", "Policy Number:", "Group Number:", and "Date Policy is Effective:". The "Date Policy is Effective:" field is a larger box at the bottom.

Extra:

- ✓ *Updates sheet*
- ✓ *How my day went*
- ✓ *Instructions for keeping me*

Child's Name _____ Date of Birth _____

Updates/Notes:



HOW MY DAY WENT!

TODAY I WAS:
 HAPPY ☐ SLEEPY ☐ QUIET ☐ GIGGLY ☐ HELPFUL ☐
 ROWDY ☐ ENERGETIC ☐ DEFIANT ☐ WEEPY ☐

TODAY I ATE....
 BREAKFAST: ALL ☐ MOST ☐ SOME ☐ NONE ☐
 LUNCH: ALL ☐ MOST ☐ SOME ☐ NONE ☐
 SNACKS: ALL ☐ MOST ☐ SOME ☐ NONE ☐

MY DRINKS:
 _____ OZ. OR _____ CUPS

TOILET:
 DIAPERS: URINE? YES ☐ NO ☐ HOW MANY WET? _____
 BOWEL MOVEMENT? YES ☐ NO ☐ HOW MANY TIMES? _____ SOFT ☐ HARD ☐
 TOILET: URINE? YES ☐ NO ☐ HOW MANY TIMES? _____
 BOWEL MOVEMENT? YES ☐ NO ☐ HOW MANY TIMES? _____ SOFT ☐ HARD ☐
 CATHERETER: _____ (HOW MUCH?)

MY ACTIVITIES:
 SPEECH ☐ MUSIC ☐ PT ☐ OT ☐ COMPUTER SKILLS ☐ ART ☐
 EQUIPMENT: (CHAIR, GAIT TRAINER) ☐ OUTSIDE ACTIVITIES: _____

MEDICATIONS: _____

NOTES ABOUT MY DAY: _____

PARENT COMMENTS: _____

PARENT SIGNATURE: _____

Emergency Contact: _____ Phone: _____
 Facility of Choice for Emergency Care: _____

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INSTRUCTIONS FOR KEEPING ME!

TODAY I AM:
 HAPPY ☐ SLEEPY ☐ QUIET ☐ GIGGLY ☐ HELPFUL ☐
 ROWDY ☐ ENERGETIC ☐ DEFIANT ☐ WEEPY ☐

I EAT....
I NEED MEALTIME HELP WITH: _____

BREAKFAST: _____
LUNCH: _____
SNACK: _____
DINNER: _____

MY DRINKS:
 _____ OZ. OR _____ CUPS

TOILET:
 DIAPERS: URINE? YES ☐ NO ☐ HOW MANY WET?
 BOWEL MOVEMENT? YES ☐ NO ☐ HOW MANY TIMES? SOFT ☐ HARD ☐
 TOILET: URINE? YES ☐ NO ☐ HOW MANY TIMES?
 BOWEL MOVEMENT? YES ☐ NO ☐ HOW MANY TIMES? SOFT ☐ HARD ☐
 CATHETER: _____ (HOW MUCH?)

MY ACTIVITIES:
 SPEECH ☐ MUSIC ☐ PT ☐ OT ☐ COMPUTER SKILLS ☐ ART ☐
 EQUIPMENT: (CHAIR, GAIT TRAINER) _____ OUTSIDE ACTIVITIES: _____

MEDICATIONS: _____

PARENT COMMENTS: _____
PARENT SIGNATURE: _____
 Emergency Contact: _____ Phone: _____
 Facility of Choice for Emergency Care: _____
Provided by: THE OKLAHOMA FAMILY NETWORK

Thank you!

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If you would like to receive electronic copies of the OFN Care Notebook Pages, one-to-one assistance developing a notebook or more information about OFN please call:

**877-871-5072
or 405-271-5072**

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