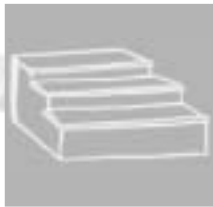




Section Three: Working (Action) Care Plans





List of Health Care and Other Service Providers

Child's Name: _____ DOB: _____

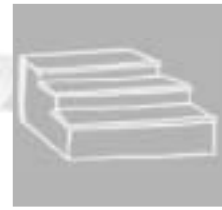
Dx:1 _____ Dx2 _____ Dx3 _____

Health Care:	Name/Location	Phone #	Fax #	Referral Date
Specialists:				
Special clinics: (coordinators)				
Other:				

School Services:	Name/Location	Phone #	Fax #	Effective Dates
Early intervention:				
School attending:				
School principal(s):				
Classroom teacher(s):				
School nurse(s):				
Spec. ed. coordinator:				
Other personnel:				

Community services:	Name/Location	Phone #	Fax #
Family support coordinator:			
Visiting nurse:			
Mental health provider:			
HMO/Insurance contact:			
DCYF case worker:			
Other service providers:			
Informal supports: minister, friend, etc.)			





CHRONIC CONDITION MANAGEMENT (CCM) IN PRIMARY CARE

Care Planning

Parent's Names _____ / _____

Child's Name _____ Diagnosis(s) _____

Phones(H) _____ / _____ (W) _____ / _____

Best Time / Place To Call _____ FAX # if available _____

CCM Monitoring: Questioning & Interventions in the following areas:

Date:				
Family's #1 Issue				
Health Provider's #1 Issue				
Chronic Condition Update (meds, acute episodes, etc.)				
Child's Life/ Recent Accomplishments:				
Family Life				
Comm/Family Support Issues				
Financial Issues (insurance, SSI, etc.)				
School Needs				
Specialist Contacts				
Patient Education/ Self Care				
Other				

PARENT NOTEBOOK GIVEN (DATE) _____ OFFICE CONTACT PERSON _____



Medical Home Learning Collaborative Action Care Plan

Child's name:

DOB:

Parents/Guardians:

Primary diagnosis:

Secondary Diagnosis:

Secondary diagnosis(s)

Original Date of plan:

Updated Plan:

/ /

/ /

/ /

/ /

/ /

/ /

/ /

/ /

Main Concerns	Related Current Clinical Information (sx, labs, etc)	Current Plans/Interventions	Person(s) Responsible	Due Date & Date Completed

Parent/Caregiver Signature:

Clinician Signature:

Name Care Coordinator:

NASHAWAY PEDIATRICS – UMassMemorial Health Care
P.O. Box 639
Sterling, MA 01564
Phone (978) 422-6900

Fax (978) 422-7561

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Lucille Kanjer Larson, MD, FAAP
Deborah Francis, MD, FAAP
Elizabeth Madden, PNP

**EVERY CHILD
DESERVES A
MEDICAL HOME.**



Medical Home Family-Centered Health Care Plan

Prepared for: _____ Prepared by: _____ Nashaway Contact Person: _____ **Date** Prepared: _____

Problem

Activity

Who will do

When

Expected

Outcome

Follow-Up

Resources

UMMHC: (508) 856-0011
Early Intervention: (978) 537-0956 (Leominster)
(508) 856-4202 (Worcester)
DPH Case Management: (508) 792-7880
Memorial Rehab: (508) 792-8700
Family TIES: (800) 905-TIES
CHADD (Leominster): (978) 840-6823
SSI Eligibility: (800) 772-1213
Federation for Children with Special Needs: (800) 331-0688
MSPCC Parents as Teachers Program: (800) 442-3035
Nashaway Pediatrics: www.nashawaypediatrics.yourmd.com
NICHCY (Information Center): (800) 895-0285