

Child's Name: _____
Date of Birth: _____

DAILY CALENDAR

Use this calendar to record daily activity / medical attention in your child's routine

JUNE 2010

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
		☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]
6	7	8	9	10	11	12
☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]
13	14	15	16	17	18	19
☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]
20	21	22	23	24	25	26
☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]
27	28	29	30			
☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]			





Child's Name: _____

Date of Birth: _____

JULY 2010

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
				☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []
4	5	6	7	8	9	10
☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []
11	12	13	14	15	16	17
☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []
18	19	20	21	22	23	24
☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []
25	26	27	28	29	30	31
☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []







Child's Name: _____
 Date of Birth: _____

SEPTEMBER 2010

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 ☺[] ☹[]	2 ☺[] ☹[]	3 ☺[] ☹[]	4 ☺[] ☹[]
5 ☺[] ☹[]	6 ☺[] ☹[]	7 ☺[] ☹[]	8 ☺[] ☹[]	9 ☺[] ☹[]	10 ☺[] ☹[]	11 ☺[] ☹[]
12 ☺[] ☹[]	13 ☺[] ☹[]	14 ☺[] ☹[]	15 ☺[] ☹[]	16 ☺[] ☹[]	17 ☺[] ☹[]	18 ☺[] ☹[]
19 ☺[] ☹[]	20 ☺[] ☹[]	21 ☺[] ☹[]	22 ☺[] ☹[]	23 ☺[] ☹[]	24 ☺[] ☹[]	25 ☺[] ☹[]
26 ☺[] ☹[]	27 ☺[] ☹[]	28 ☺[] ☹[]	29 ☺[] ☹[]	30 ☺[] ☹[]		





Child's Name: _____
 Date of Birth: _____

OCTOBER 2010

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []
10	11	12	13	14	15	16
☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []
17	18	19	20	21	22	23
☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []
21	25	26	27	28	29	30
☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []
31						
☺ [] ☹ []						



Child's Name: _____
Date of Birth: _____

NOVEMBER 2010

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]
7	8	9	10	11	12	13
☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]
14	15	16	17	18	19	20
☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]
21	22	23	24	25	26	27
☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]
28	29	30				
☺[] ☹[]	☺[] ☹[]	☺[] ☹[]				



Child's Name: _____
Date of Birth: _____

DECEMBER 2010

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
			☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]
5	6	7	8	9	10	11
☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]
12	13	14	15	16	17	18
☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]
19	20	21	22	23	24	25
☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]
26	27	28	29	30	31	
☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	





Child's Name: _____

Date of Birth: _____

JANUARY 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []
9	10	11	12	13	14	15
☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []
16	17	18	19	20	21	22
☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []
23	24	25	26	27	28	29
☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []	☺ [] ☹ []
30	31					
☺ [] ☹ []	☺ [] ☹ []					



Child's Name: _____
Date of Birth: _____

FEBRUARY 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
		☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]
6	7	8	9	10	11	12
☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]
13	14	15	16	17	18	19
☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]
20	21	22	23	24	25	26
☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]
27	28					
☺[] ☹[]	☺[] ☹[]					





Child's Name: _____
 Date of Birth: _____

MARCH 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 ☺ [] ☹ []	2 ☺ [] ☹ []	3 ☺ [] ☹ []	4 ☺ [] ☹ []	5 ☺ [] ☹ []
6 ☺ [] ☹ []	7 ☺ [] ☹ []	8 ☺ [] ☹ []	9 ☺ [] ☹ []	10 ☺ [] ☹ []	11 ☺ [] ☹ []	12 ☺ [] ☹ []
13 ☺ [] ☹ []	14 ☺ [] ☹ []	15 ☺ [] ☹ []	16 ☺ [] ☹ []	17 ☺ [] ☹ []	18 ☺ [] ☹ []	19 ☺ [] ☹ []
20 ☺ [] ☹ []	21 ☺ [] ☹ []	22 ☺ [] ☹ []	23 ☺ [] ☹ []	24 ☺ [] ☹ []	25 ☺ [] ☹ []	26 ☺ [] ☹ []
27 ☺ [] ☹ []	28 ☺ [] ☹ []	29 ☺ [] ☹ []	30 ☺ [] ☹ []	31 ☺ [] ☹ []		

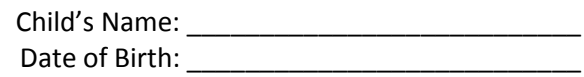


Child's Name: _____
Date of Birth: _____

APRIL 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
					☺[] ☹[]	☺[] ☹[]
3	4	5	6	7	8	9
☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]
10	11	12	13	14	15	16
☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]
17	18	19	20	21	22	23
☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]
24	25	29	27	28	29	30
☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]





Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				



Child's Name: _____
Date of Birth: _____

JUNE 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
			☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]
5	6	7	8	9	10	11
☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]
12	13	14	15	16	17	18
☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]
19	20	21	22	23	24	25
☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]
26	27	28	29	30		
☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]	☺[] ☹[]		



Child's Name: _____
Date of Birth: _____

ALLERGY RECORD LOG

Allergic reactions can be life threatening. Keep good records on all reactions

[illegible]



Child's Name: _____
Date of Birth: _____

BEHAVIOR LOG

*If you have a concern about a specific behavior your child reveals, please keep a record to refer to as needed.

Date & Time	Duration of Behavior	Description of behavior and discipline mechanisms





Child's Name: _____
Date of Birth: _____

COMMUNICATION LOG



Use the following log for any communication you would like to document. This will help you communicate effectively. Keeping a log will also help you document information accurately. Example: On this date, at this time, Jane said this...

Use this log for phone or personal communication.

Date/Time	Name of Person / Organization	Message / Concern / Reason for the call or talk	Time of Call Back





Child's Name: _____
Date of Birth: _____

COMMUNICATION LOG (CONTINUED)

Date/Time	Name of Person / Organization	Message / Concern / Reason for the call or talk	Time of Call Back





Child's Name: _____

Date of Birth: _____

DOCTOR'S APPOINTMENTS

Steps to satisfactory medical appointment:

- 1) Write down your problems/questions before you go
- 2) Number the problems in questions. Make the number 1 most important
- 3) Show the provider your list. Write down any answers to your questions
- 4) Talk to the provider about options for handling your problems or questions

Doctor's Name	App. Date	App. Time	Questions to Ask at Appointment
			<hr/> <hr/> <hr/>
			<hr/> <hr/> <hr/>
			<hr/> <hr/> <hr/>
			<hr/> <hr/> <hr/>
			<hr/> <hr/> <hr/>





Child's Name: _____
Date of Birth: _____

DURABLE MEDICAL EQUIPMENT (DME) LOG

This is a log of all equipment bought, given, or rented for your child.
Examples: bath chair, wheelchair, ramp, stander and therapy ball.
Include any equipment items that are not disposable.



Serial Number & Manufacturer	Type of Equipment & Description	Provider & Phone





Child's Name: _____

Date of Birth: _____

EMERGENCY ROOM VISITS / HOSPITALIZATIONS

Date	Reason	Outcome





Child's Name: _____
 Date of Birth: _____

IMMUNIZATION AND ALLERGY RECORD LOG

Immunization	Date	Date	Date	Date	Reaction (if any)	Physician
Diphtheria-Tetanus (DT)						
Diphtheria-Pertussis-Tetanus (DPT)						
Tetanus						
Polio (OPVIPV)						
Measles-Mumps-Rubella (MMR)						
Measles-Rubella (MR)						
Mumps						
Rubella (3-day Measles)						
Haemophilus Influenzae (HIB)						
Hepatitis A						
Hepatitis B						
Varicella (Chicken Pox)						
Rotavirus						
Pneumovoccal (Pneumovac)						
Pneumococcal Conjugate						
Influenzae (Flu Shot)						

Skin Test Log:

Test	Date	Result	Provider
Newborn Screen			
Tuberculosis (TB)			





Child's Name: _____

Date of Birth: _____

INSURANCE WORKSHEET

Child's Name: _____

Service:			Date of Service:
	Payor #1	Payor #2	Payor #3
Insurance Name			
Date Bill Submitted			
Amount Paid			
Date Paid			
Balance			

Service:			Date of Service:
	Payor #1	Payor #2	Payor #3
Insurance Name			
Date Bill Submitted			
Amount Paid			
Date Paid			
Balance			

Service:			Date of Service:
	Payor #1	Payor #2	Payor #3
Insurance Name			
Date Bill Submitted			
Amount Paid			
Date Paid			
Balance			

Service:			Date of Service:
	Payor #1	Payor #2	Payor #3
Insurance Name			
Date Bill Submitted			
Amount Paid			
Date Paid			
Balance			





Child's Name: _____

Date of Birth: _____

Service:			Date of Service:
	Payor #1	Payor #2	Payor #3
Insurance Name			
Date Bill Submitted			
Amount Paid			
Date Paid			
Balance			

Service:			Date of Service:
	Payor #1	Payor #2	Payor #3
Insurance Name			
Date Bill Submitted			
Amount Paid			
Date Paid			
Balance			

Service:			Date of Service:
	Payor #1	Payor #2	Payor #3
Insurance Name			
Date Bill Submitted			
Amount Paid			
Date Paid			
Balance			

Service:			Date of Service:
	Payor #1	Payor #2	Payor #3
Insurance Name			
Date Bill Submitted			
Amount Paid			
Date Paid			
Balance			

Service:			Date of Service:
	Payor #1	Payor #2	Payor #3
Insurance Name			
Date Bill Submitted			
Amount Paid			
Date Paid			
Balance			



Child's Name: _____
Date of Birth: _____

[illegible]



Child's Name: _____

Date of Birth: _____

MEDICAL BILL COMMUNICATION LOG

Information About the Bill				Information About Who You Talk To					NOTES
Account #	Provider	Date of Service	What bill is for:	Date of Contact	Time	Name	Title (like Account Rep.)	Credentials (RN, Dr., none)	

Child's Name: _____

Date Completed: _____





Child's Name: _____

Date of Birth: _____

MEDICAL VISIT FORM

Date of Visit: _____

Place of Visit: _____

1. Fill this form when there is a change in how you are feeling and before you go to the medical appointment. It will help explain why you are visiting the medical professional and it will help you remember what the medical professional recommends that you do.
2. Take your whole folder (Individualized Medical Assistance Portfolio – IMAPS) with you to the medical visit and refer to this form during the visit.
3. In the folder, under Medical History, be sure to show the medical professional the list of your current medications.
4. Ask the medical professional to write down important information and recommendations in the space provided.

Reasons for Visit:

Problem:	What does it feel like:	How long has it been going on (dates):	Does anything make it better or worse:	Doctor things it sounds like:	Doctor recommends:
Problem:	What does it feel like:	How long has it been going on (dates):	Does anything make it better or worse:	Doctor things it sounds like:	Doctor recommends:

My Pain is:



0 – No hurt



1 – Hurts a little



2 – Hurts even more



3 – Hurts a whole lot

Where on my body, is the pain located? _____

Has this pain happened before? [] Yes [] No

Medications (please list all the medications that I will be taking following the visit):

Name	Dosage	Purpose of Medication	Time to take medication
_____	_____	_____	_____





Child's Name: _____
Date of Birth: _____

MEDICATION LOG



Medication/Treatment

Enter any medication or treatment your health provider prescribed and any over-the-counter medications your child receives. Enter start and finish dates. Providing accurate information will help health care providers when providing services for your child.

Start Date	End Date	Medication/Dosage/ Frequency/ Route of Administration (how and where to give it)	Prescribed by	Prescription #	Pharmacy & Phone #	# of Refills	Reason for Medication





Child's Name: _____
Date of Birth: _____

MONTHLY CONSUMABLE SUPPLY LOG



Child's Name:		Phone:	
Address:		Physician:	
Insurance Company Responsible for Supplies:			
Policy #:		Authorization #:	
Insurance Phone:		Insurance Contact:	
Supplier:		Phone:	Contact:

Monthly consumable supplies are disposable supplies you need to re-order monthly. For example: catheters, feedings bags, formula, saline, gauze, syringes, etc. **Use a separate sheet for each supplier.**

Date	Description	Amount	Manufacturer	Order Number



Child's Name: _____
Date of Birth: _____

[illegible]



Child's Name: _____
Date of Birth: _____

OUT-OF-POCKET EXPENSE LOG



Use this log to track expenses incurred that are not covered by insurance. Make sure to save all receipts for tax purposes.

Date	Item Description/ #	Cost		Date	Item Description/ #	Cost



Child's Name: _____
Date of Birth: _____

[illegible]



Child's Name: _____

Date of Birth: _____

TRACKING OF MEDICAL BILLS

Date of Service	Provider (hospital, doctor's office, etc.)	Service (tests, surgery, etc.)	Cost	Insurance Company	Insurance Paid	Date Paid	Family Owes	Date Paid
			\$		\$		\$	
			\$		\$		\$	
			\$		\$		\$	
			\$		\$		\$	
			\$		\$		\$	
			\$		\$		\$	
			\$		\$		\$	
			\$		\$		\$	
			\$		\$		\$	
			\$		\$		\$	
			\$		\$		\$	
			\$		\$		\$	
			\$		\$		\$	
			\$		\$		\$	
			\$		\$		\$	
			\$		\$		\$	
			\$		\$		\$	
			\$		\$		\$	





Date of Birth: _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There is no handwriting or other markings on the paper.

