

## Planned Coordinated Care: Pediatric Care Coordination Intake

Families, please use the following to think through your top concerns and priorities for your child. We will discuss these on the phone and/or at your visit. Thank You.

Child/Youth Name \_\_\_\_\_ Date \_\_\_\_\_

Family Name \_\_\_\_\_

1) What would you like us to know about your child?  
What does he/she do well? Like? Dislike?

2) What would you like us to know about you/your family?

3) Do you have any concerns or worries for your child? (Some examples below)

- |   |  |
|---|--|
| <input type="checkbox"/> Their growth/development   | <input type="checkbox"/> Doing things for themselves |
| <input type="checkbox"/> Learning                   | <input type="checkbox"/> Falling behind in school    |
| <input type="checkbox"/> Sleeping                   | <input type="checkbox"/> Behavior                    |
| <input type="checkbox"/> Self-care                  | <input type="checkbox"/> The future                  |
| <input type="checkbox"/> Making and keeping friends | <input type="checkbox"/> Playing with friends        |
| <input type="checkbox"/> Communication              | <input type="checkbox"/> Other                       |

4) Have there been any important changes recently, such as a:

- |  |   |
|--|---|
| <input type="checkbox"/> Brother or sister leaving home?   | <input type="checkbox"/> New job or job change? |
| <input type="checkbox"/> Move to a new town?               | <input type="checkbox"/> Separation or divorce? |
| <input type="checkbox"/> Sickness or death of a loved one? | <input type="checkbox"/> Other (fill in below)? |

5) Can we help you with any of the following needs?

- Medical** (For example, help finding or understanding medical information; help finding health care for yourself or your family)?
- Social** (For example, having someone to talk to when you need to; getting support at home; finding supports for the rest of your family)?
- Educational** (For example, explaining your child's needs to teachers; help reading or understanding medical information)?
- Legal** (For example, discussing laws and legal rights about your child's health care or their school needs)?
- Financial** (For example, understanding insurance or finding help paying for needs that insurance does not cover - such as medications, formulas, or equipment)?
- Environmental (For example help finding clean rugs, air filters or safety items for your home)
- General.** Please let us know what else you need help with (if we don't know, we will work with you to help find the answer)?

➤ Place for your thoughts and/or notes: