Information Sheet

Geisinger

Child's Name: _____

Date of Plan: _____

(review annually)

Birthdate: _____

Guardian(s) Name: _____

Phone: _____

Primary Care Doctor: _____

Phone: _____

Diagnoses: _____

_____

Place a photo of child here

My child is _____ years old and seems like a child who is _____.

Medications

Name	Indication	Dosing Schedule	Notes

Allergies

Food: _____

Medication: _____

Other: _____

Supportive equipment

- ❑ Wheelchair
- ❑ Crutches
- ❑ Eyeglasses
- ❑ Hearing aids
- ❑ ID tag
- ❑ Feeding tube
- ❑ Vent dependent
- ❑ Other: _____

_____

_____

My child communicates:

- ❑ In full sentences and speaks clearly
- ❑ In full sentences, but it may be hard to understand him/her at times
- ❑ In short phrases or single words
- ❑ Using an electronic communication device
- ❑ With pictures
- ❑ With sign language or gestures

My child understands:

- ❑ Most verbal directions
- ❑ Most verbal directions, but may need to have one direction presented at a time
- ❑ My child needs directions presented in brief, 2-3 word phrases
- ❑ My child responds to his/her name

My child understands the following directions verbally:

- ❑ No
- ❑ Come here
- ❑ Stop

My child does not understand verbal words, but may understand if:

- ❑ Presented in sign language
- ❑ Given with a gesture
- ❑ With pictures or a communication device

Below are a list of some of my child's likes and dislikes. These may help you better understand my child, and help you when you are interacting with my child.

My child likes: _____

My child does not like:

- ❍ Loud noises
- ❍ Physical touch
- ❍ Bright lights
- ❍ Animals: _____
- ❍ Other: _____

- ❑ My child may become aggressive when upset.
- ❑ My child may attempt to run away when approached by a stranger.

Experience with medical providers

- ❑ Very familiar with medical providers and comfortable with doctors
- ❑ Very familiar with medical providers, but dislikes the doctor
- ❑ Limited experience with medical providers outside of primary care
- ❑ History of difficulty with medical procedures (e.g., blood pressure)

An emergency bag is located:_____

Items included:

- ❑ First aid kit
- ❑ Information sheet
- ❑ Written phone numbers of emergency contacts (other relatives)
- ❑ Medications
- ❑ Changes of clothes
- ❑ Hygiene items
- ❑ Blankets
- ❑ Toys
- ❑ _____
  _____
- ❑ _____
  _____