



This form is used to summarize family issues, findings and recommendations from the medical provider. This form may be shared, if the family consents, as an update for the DSCC care coordinator and other providers involved.

Child's Name: _____ Date of Birth: _____

Medical Provider's Name: _____ Date: _____

Major Diagnosis(es) (i.e., Cerebral Palsy, Hydrocephalus, Meningocele): _____

TO BE FILLED OUT BY PARENT/GUARDIAN

1. During the past three (3) months how much did you worry about your child's health needs?

None of the time
 A little of the time
 Most of the time
 All of the time

2. Do you have any concerns about the following issues for your child?

Development Being independent
 Ability to learn Learning self-care skills
 Sleeping The future
 Loneliness Making/keeping friends
 Behavior Participation in activities
 Falling behind in school
 Other _____

3. Of the above concerns, what are the two (2) **most** on your mind today?

1. _____

2. _____

SEND INFORMATION TO:
UIC Division of Specialized Care for Children

TO BE FILLED OUT BY THE SPECIALIST PHYSICIAN

<i>Reason for Visit</i>	<i>Comments</i>
<input type="checkbox"/> Change in condition	_____
<input type="checkbox"/> Routine supervision (i.e., medication monitoring)	_____
<input type="checkbox"/> New consultation	_____
<input type="checkbox"/> Other: _____	_____
<i>Findings</i>	<i>Comments</i>
<input type="checkbox"/> No problems identified during this visit	_____
<input type="checkbox"/> Change in child's condition or physical exam	_____
<input type="checkbox"/> Abnormal laboratory values or imaging studies	_____
<input type="checkbox"/> Inadequate response to current medication	_____
<input type="checkbox"/> Inadequate response to current therapy	_____
<input type="checkbox"/> Other: _____	_____
<i>Plan</i>	<i>Comments</i>
<input type="checkbox"/> No changes	_____
<input type="checkbox"/> Change in medication (plan for monitoring)	_____
<input type="checkbox"/> Change in therapy	_____
<input type="checkbox"/> Request other specialist be consulted:	_____
_____	_____
_____	_____
<i>Follow-up or Return Appointment</i>	<i>Comments</i>

