

# **Sample Record Keeping System**

## **Information to be Included in a Record Keeping System for your Child**

### **Section I – Personal**

- A. Photocopies of the following:
  - Birth Certificate
  - Social Security Card
  - Insurance Card(s) & Information (including Medicaid and Medicare)
- B. Current photo (less than 1 year old)
- C. Behavior Logs

### **Section II – Medical**

- A. Portable Treatment Record
- B. Photocopies of the following
  - Immunization Record
  - Any medical diagnostic information (reports from MRI's, CT Scans, etc.)
  - Current physical
  - Any psychological testing reports
- C. Records of phone conversations and meetings/conferences with treatment providers (doctors, therapists, nurses, etc.)
- D. Any written correspondence with treatment providers (from you to them and from them to you)

### **Section III - School**

- A. Photocopies of the following
  - Individual Education Plans
  - Report cards/progress reports
  - Any testing results (either academic or psychological) conducted by the school
- B. Records of phone conversations and meetings/conferences with school personnel
- C. Any written correspondence with school personnel (local, state or federal) including letters from you and to you

### **Section IV – Crisis/Relapse**

- A. Crisis Plan
- B. Relapse Plan

# Personal

# **Your Child's Birth Certificate**

**Most of the time you will need an original so it is handy to keep one here. If you prefer to keep the original somewhere else, keep a copy here.**

**Copy of your child's  
Social Security  
Card**

**Copy of  
Insurance Card  
Front**

**Copy of  
Insurance Card  
Back**

# **Your Child's Photo**

**Should be a photo less  
than one year old.  
Children change  
quickly.**





# Medical

## Portable Treatment Record

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Parents:

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

### Alternate Emergency Contact:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone \_\_\_\_\_

Location: \_\_\_\_\_

### Pediatrician/Primary Care Physician

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Office Address: \_\_\_\_\_

### Psychiatrist

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Office Address: \_\_\_\_\_

### Other Mental Health Professionals (therapist, case manager, psychologist, etc.)

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Type of MH Professional: \_\_\_\_\_

Office Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Type of MH Professional: \_\_\_\_\_

Office Address: \_\_\_\_\_

## Medical History

### Medication Allergies:

Medication	Reaction

### Psychiatric Medications that Produce Severe Side Effects

Medication	Side Effects	Approximate Date discontinued

### Major Medical Illnesses:

Illness	Treatment	Current Status

### Major Medical Procedures (surgeries, MRI, CT scan, etc.)

Date	Procedure	Outcome

## Current Medical Information Tracking

### Diagnoses

Date	Diagnosis	Who made the diagnosis?

### Psychiatric Hospitalizations

Date Admitted	Reason for Hospitalization	Name of Facility	Date of Discharge



## **Copies of the following would go in this section:**

- Immunization Record
- Any medical diagnostic information (MRI's, CT scans, etc.)
- Current physical examination (within the last year)
- Any psychological testing reports







**Copies of any correspondence related to your child's treatment would go in this section. Examples include:**

- Letters to and from insurance companies
- Letters to and from treatment providers

# School





**Correspondence related to your child's school experience would go in this section. Examples include:**

- Letters to and from school staff
- Letters to and from state school staff
- Letters regarding IEP meetings
- Copies of IEP

# **Crisis Plan**

# **&**

# **Relapse Plan**

## Crisis Plan

Emergency Resource #1: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Resource #2: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

If a crisis develops to a point that we need outside help, these are the steps we will follow:

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Relapse Plan

Plan should include the following as agreed upon by caregiver and child:

**How do we know you are getting sick again?** (list your child's signs & symptoms of relapse)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Steps to be taken based on which symptoms are surfacing

When the first (#1 above) level of symptoms appear, we will do:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

When the second (#2 above) level of symptoms appear, we will do:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

When the third (#3 above) level of symptoms appear, we will do:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

**What point will hospitalization be considered?** (what level of behavior would require this be considered?)

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**At what point might the law be called?** (what level of behavior would require this be considered?)

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# **Miscellaneous Information**