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| **Shared Care Plan** for Children and Youth with Special Health Needs |
| **Child/youth name:**  | **Necessary releases obtained:** [ ]  Yes [ ]  No |
| **Child/youth likes to be called:**  | **Team meeting date:**  |
| **Date of birth:**  | **Meeting location:**  |
| **Parent(s):**  | **Referred by:**  |
| **Parent phone #:**  | **Other:**  |
| **Primary care provider:**  | **Interpreter (if applicable):** |
| **Gender identity:** [ ]  M [ ]  F [ ]  Other, please specify: |
| **Pronouns:** [ ] She/Her[ ] He/Him[ ] Other, please specify: |

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| **Child/Family Strengths and Assets** |
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| **Child/Family Language and Culture** |
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| **Child/Family Concerns and Goals** |
| For today:  |
|  |
| For the longer term:  |
|  |

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| **Brief Medical Summary** |
| **Diagnosis:**  |
| **Medications:**  |
| **Current Interventions:**  | **Tried Interventions:**   |
| **Health Care Providers:**  |
| **Other Important Medical Information (Allergies/Alerts):**  |
| **Preferred Hospital:**  | **Preferred Pharmacy:**  |

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| **Brief Summary of Involvement with Education/Community-Based Services** |
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| --- | --- |
| **Team Members Contact List**  | *Note: Initial next to name to note attendance at meeting. Add rows as needed.* |
| **Name** | **Role/Responsibility** | **Best way to contact** |
|  | Family member |  |
|  | Primary care provider |  |
|  | Education |  |
|  | Mental/behavioral health |  |
|  | Public health  |  |
|  | Health plan/insurance  |  |
|  | Interpreter |  |
|  |  |  |
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| --- | --- |
| **Action Plan** | *Note: Add rows as needed.* |
| * The first goal of the team should be one that is identified by the family as a priority.
* If the child/youth is aged 12 or older, include a minimum of one goal focused on the transition to adult healthcare.
 |
| **Shared goal:** | **Who?** | **Is doing what?** | **By when?** |
|  | This person | Will take this action | By this date**Date completed:** |
| This person | Will take this action | By this date**Date completed:** |
| This person | Will take this action | By this date**Date completed:** |
| This person | Will take this action | By this date**Date completed:** |
| **Date identified:**  | **Notes:**  |
| **Date resolved:**  |

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| --- | --- |
| **Action Plan** | *Note: Add rows as needed.* |
| * The first goal of the team should be one that is identified by the family as a priority.
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| **Date identified:**  | **Notes:**  |
| **Date resolved:**  |

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| --- | --- |
| **Action Plan** | *Note: Add rows as needed.* |
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| This person | Will take this action | By this date**Date completed:** |
| This person | Will take this action | By this date**Date completed:** |
| **Date identified:**  | **Notes:**  |
| **Date resolved:**  |

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