Last Updated:

	Shared Care Pla	an	
for Ch	nildren and Youth with Spec	ial 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 □ Oth	ner, please specify:		
Pronouns: ☐ She/Her ☐ He/Him	☐ Other, please specify:		
Child/Family Strengths and A	Assets		
Child/Family Language and C	Culture		
Child/Family Concerns and G	Boals		
For today:			
For the longer term:			

Last Updated:

Brief Medical Summary			
Diagnosis:			
Medications:			
Current Interventions:		Tried Intervention	ons:
Health Care Providers:			
Other Important Medical Information	(Allergies/Alerts):		
Preferred Hospital:	Preferred Pharmacy:		nacy:
Brief Summary of Involvement	with Education/Comr	nunity-Based	Services
Team Members Contact List	Note: Initial next to	o name to note att	tendance at meeting. Add rows as needed.
Name	Role/Responsibility		Best way to contact
	Family member		
	Primary care provider	r	
	Education		
	Mental/behavioral hea	alth	
	Public health		
	Health plan/insurance	9	

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.

By when?	Is doing what?	Who?	Shared goal:
By this date	Will take this action	This person	
Date completed:			
By this date	Will take this action	This person	
Date completed			
By this date	Will take this action	This person	
Date completed			
By this date	Will take this action	This person	:
Date completed:		3	
·		Notes:	ate identified:
		Notes:	Date identified: Date resolved:

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:			

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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