

“COORDINATION OF CARE FORM”

This form is intended to be used collaboratively by various child-centered personnel **to gain and potentially share essential information** that may help effectively support parents and their children. Please share information with appropriate agencies, schools, etc. after releases are signed in keeping with Federal Statutes, State Statutes, and HIPAA. **PLEASE NOTE:** Each agency must get its own releases signed!

THIS IS NOT A RELEASE OF INFORMATION

Date: _____
Name of School/Agency/Organization Initiating This Form: _____

Name of Child _____

D.O.B. _____ Name of Parent(s)/Legal Guardian: _____

Foster Parent (if applicable) _____

Address _____

Phone #: (H) _____ (Cell) _____

Email: _____

What **school** does child attend? _____ Grade? _____

Teacher? _____

Currently under **court order:**
Juvenile court ordered supervision? Date(s): _____

Mental health commitment? Date(s): _____
Where: _____

Out of home placement? Date(s): _____
Explain: _____

Child's **Primary Care Physician:** _____
Note other physicians involved in care in comments space.

Date of Last Checkup: _____
 Parent signed a release of information? Yes/No Date: _____
 Child consulted? Date: _____
 Other medical concerns: _____

Diagnosed **mental health condition** Describe: _____

Diagnosing Dr. /Psychiatrist: _____

Parent signed a release of information? Yes/No Date: _____
 Psychotropic medications? Please list: _____

Is child ? (Check all that apply)

Working with nurse practitioner, public health nurse, etc.
Name(s): _____

For what reason? _____
 Parent signed a release of information? Yes/No Date: _____
 Child consulted? Date: _____

Working with their **school supportive services** (teacher/counselor/social worker/psychologist/nurse)

Name(s): _____
 Parent signed a release of information? Yes/No Date: _____
 Child consulted? Date: _____

Being served by a **Special Education** program?
Case Manager _____

Which program(s)? _____
 Parent signed a release of information? Yes/No Date: _____
 Child consulted? Date: _____

Working with their **School Resource Police Officer?**
 Parent signed a release of information? Yes/No Date: _____
 Child consulted? Date: _____

Working with **Dept. of Social Services (DSS)?**
Name of social worker _____

Parent signed a release of information? Yes/No Date: _____
 Child consulted? Date: _____

Working with **Juvenile Court Services?**
Name of social worker _____

Parent signed a release of information? Yes/No Date: _____
 Child consulted? Date: _____

Working with a **Guardian Ad Litem/Child Advocate?**
Name of Guardian Ad Litem _____

Parent signed a release of information? Yes/No Date: _____
 Child consulted? Date: _____

Working with a **community counselor/therapist?**
Name _____ at _____

Parent signed a release of information? Yes/No Date: _____
 Child consulted? Date: _____

Working with **community organizations** (i.e. Boys and Girls Club, Big Brothers/Big Sisters) Please List: _____

For Each:
 Parent signed a release of information? Yes/No Date: _____
 Child consulted? Date: _____

Comments (use back of page if needed): _____