

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?)

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

Miscellaneous Information