

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_



## Health Management Checklist for Parents/Caregivers

The purpose of this *Health Management Checklist for Parents/Caregivers* is to gain a greater understanding of the ways you help the patient manage his or her health. Please mark the box or boxes that describe you the best. If you do not understand a question, ask the nurse or doctor for help.

ACCESSING HEALTH CARE - Skills and Abilities:	The patient can do this on his/her own	I do this for the patient	I want to learn how to do this	Someone else will need to help the patient do this	N/A Will not be needed
1. Do most of the speaking for the patient in the doctor's office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Schedule the patient's doctor appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Make health care decisions for the patient with the doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Advocate for the patient's rights (health information privacy, accessibility)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Keep the patient's portable medical summary or care plan up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Find doctors for the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MANAGING CONDITIONS AND TREATMENTS - Skills and Abilities:					
7. Describe the patient's health conditions/disabilities and how they affect his/her daily life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Keep a list of the patient's medicines and what each treats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Give the patient his or her medicines/treatments correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Fill the patient's prescriptions and/or reorder supplies before they run out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Know when to call for routine checkups, urgent care, when to go to the emergency room, and when to call 9-1-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STAYING HEALTHY - Skills and Abilities:					
12. Discuss effects of smoking, drinking, and/or using drugs on the patient's health conditions (worsen symptoms, reactions to medicines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Understand how patient's condition may affect sexuality (quality of state of being sexual, the need for closeness, caring and touch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Take care of or discuss reproductive concerns (genetics, pregnancy) and safe practices (birth control, safe sex) with the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSURANCE - Skills and Abilities:					
15. Understand the patient's health insurance benefits (co-pays, deductibles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Get health insurance coverage for the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Call (insurance carrier, doctor, care coordinator) with questions about the patient's insurance coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BENEFITS, SERVICES AND RESOURCES - Skills and Abilities:					
18. Find/maintain adult housing options for the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Apply for/maintain government benefits that the patient may qualify for (SSI/SSDI, Home and Community-Based Services, work incentives, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Find/maintain services for the patient (transportation, assistive technology, personal assistant, job coach, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Make a plan for how the patient will spend his or her time (education, job, recreational options, volunteer, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Get/maintain needed legal protections for the patient (guardianship and alternatives, power of attorney for health care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Plan for/manage the patient's finances (power of attorney, joint bank account, special needs trust, representative payee, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Office Use:** The *Health Management Checklist for Parents/Caregivers* was developed for use with **caregivers** of patients unlikely to achieve health care independence due to intellectual/developmental disabilities. The caregivers of these patients need to be prepared to provide ongoing care and provide for the health and well-being of the patient. This checklist can help the clinician assess level of independence and health care management needs of the person with disabilities and their caregiver by: determining the health care tasks the caregivers currently performs, identifying the potential of the patient to learn new skills, and identifying areas for education and practice for the caregiver. Ask caregivers of persons with intellectual//developmental disabilities to complete the checklist to establish a baseline and then reassess as needed.

<p><b>Office Use Only</b></p> <p>Reviewed by: _____ Date: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Provider Notes:</b></p>
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Materials supported through a grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, D70MC12840. Developed by the UIC - Division of Specialized Care for Children and the Illinois Chapter, American Academy of Pediatrics. 7/11

