Continuity of Care – New Placement

Helpful details for the new placement caregiver

About This Child

Child's Name

Date of Birth

Medicaid / Amerigroup Number

Primary Doctor / Pediatrician

Name

Phone

Last Well Check

Next Well Check Appointment

Dentist

Name

Phone

Last Cleaning

Next Cleaning Appointment

Therapists

Behavior Therapy (Name, Frequency)

Speech Therapy (Name, Frequency)

Occupational Therapy (Name, Frequency)

Physical Therapy (Name, Frequency)

Other Therapy (Type, Name, Frequency)

Upcoming Appointments

Record Scheduled Dental or Medical Appointments — Provider, Time, Day or Date

1.

2.

3.

4.

5.

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Visitation

Who	Frequency	Duration	Transporter & Phone

Phone Calls with Parents

Bio-Mom: Allowed / Not Allowed / Allowed with Supervision

Bio-Dad: Allowed / Not Allowed / Allowed with Supervision

Other (Grandparent, etc.): Allowed / Not Allowed / Allowed with Supervision

Is the Child Specifically Prohibited from Contact with Anyone Not Listed?

Allergies & Medications

Allergies

Medications (Name, Dose, When)

Daily Rhythm

Wake-Up Time and Morning Routine

School or Daycare Drop-Off

After-School / Afternoon

Evening at Home

Meals & Snacks

Favorite Meals, Snacks, and Usual Times

Bedtime

Routine and What Helps Them Settle

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Comfort & Stress

Comfort Items

What Helps After a Hard Moment

Triggers or Things to Avoid

Words or Topics That Are Off-Limits

Anything Else That Helps Them Feel Safe

Other Notes

Anything Else Important for This Placement

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