Continuity of Care for Parents

Helpful details about this child's care

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.

Allergies & Medications

Allergies

Medications (Name, Dose, When)

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Other Notes

Anything Else Important for Continuity of Care

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