**The Letter of Intent**

The most important asset your child has is YOU.

When you go out for the evening or for a staycation, how much time and thought do you spend with the person who is taking care of your child? This is just for the night or a few days.

Imagine if you never came back. *You kmay have given some thought what would happen to yor child, how their life would be if you were not there. What about the person who is your child’r next caregiver? Do they know what is in your mind? Do they have the same values as you?*

*This is why Special Needs Hawai’i is providing this* Letter of Intent. It can guide your child’s future caregivers in making the most appropriate life decisions for your child and will provide direction to your child’s trustee in fulfilling his or her fiduciary responsibilities.

 A Letter of Intent simplifies the planning process by initially asking basic biographic information and progresses to more thoughtful and provoking questions.

By completing a Letter of Intent for your family member, you will begin to develop goals and objectives to assist you in the overall planning process. Ultimately, it may provide the details required for future caregivers to fulfill their expected roles based upon your desires and concerns.

Remember – nobody knows what is in your head and heart. Perhaps not even your spouse. In some families Mom does some activities with their child and Dad does others. Many families are so busy that Mom and Dad don’t get a change to talk with each other about what they do with the kids. How could you expect another person to know this information?

No matter who you have entrusted to care for your child when you are gone—sibling, friend, relative, trustee, guardian, or organization—you can help guide them by providing them the knowledge that only you, as a parent, possess.

**The Letter of Intent is not a legally binding document, but it is still perhaps one of the most important documents you can prepare for the future wellbeing of your child**. This is an opportunity to leave what is in your heart, your hopes, a legacy of all that you have accomplished with your child.

Since things change, you should periodically review and revise this Letter of Intent, perhaps on the same day each year -your child’s birthday or June 2 – it’s up to you. You should be certain to provide your child’s future caregiver with an updated copy. As every child is unique, so should be the Letter of Intent. Feel free to change it to meet your needs. Add some items, delete what is not important.

Just do it.

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**This our Letter of Intent. It is full of information about our loved child**

*(special needs dependent's name)*

**and my/our wishes for his/her future.**

Attach Photo Here

PREPARED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:

SIGNATURE:

Relationship to Special Needs Dependent:

INFORMATION ABOUT OUR LOVED ONE WITH SPECIAL NEEDS

**CONTACT INFORMATION**

***Date Last Updated***:

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Nickname: |  |
| Blood Type: |  | Date of Birth: |  |
| Social Security #: |  | U.S. Citizen: | □Yes | □No |
| Ethnicity: |  | Gender: |  |
| Ancestry: |  | Languages Spoken: |  |
| Home Phone: |  | Cell Phone: |  |
| Religion: |  | Work Phone: |  |
| Email: |  | Employer: |  |
| Full Address: |  |
| Marital Status: | □Single | □Married | Spouse/Partner’s Name: |  |
| □Divorced | □Domestic Partner |  |

**SOCIAL MEDIA**

***Date Last Updated***:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **List Type** (i.e. *email, Facebook, etc.}* | **Should account****be monitored?** | **Account User Name** |  | **Account Password** |  | **Comments** |
|  | □Yes | □No |  |  |  |  |  |
|  | □Yes | □No |  |  |  |  |  |
|  | □Yes | □No |  |  |  |  |  |
|  | □Yes | □No |  |  |  |  |  |

**HEIGHT/ WEIGHT/ CLOTHING SIZES**

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Height: |  | Weight: |  |  |
| Shirt Size: |  | Pants Size: |  | Shoe Size: |  |
| X Items to Avoid *(i.e. colors, fabrics, etc):* |  |

**NUTRITION\***

*\* IMPORTANT:* See Food Allergies, if applicable, under the "Allergies" Section in this booklet

***Date Last Updated***:

√ Food Likes:

X Foods to Avoid:

DAILY LIVING

**DAILY LIVING SKILLS**

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Needs Assistance** |  | **Details** |  |
| Bathing: | □Yes | □No |  |  |
| Cooking: | □Yes | □No |  |  |
| Dressing: | □Yes | □No |  |  |
| Eating: | □Yes | □No |  |  |
| Finances: | □Yes | □No |  |  |
| Toileting: | □Yes | □No |  |  |
| Traveling: | □Yes | □No |  |  |

**DAILY ROUTINES**

***Date Last Updated***:

Is an instructional video attached (i.e. CD, DVD, flash drive, etc)? □Yes □No

WEEKDAYS:

Mornings:

Afternoons:

Evenings:

WEEKENDS:

Mornings:

Afternoons:

Evenings:

RECREATIONAL PREFERENCES

**RECREATIONAL PREFERENCES:**

***Date Last Updated***:

Current Hobbies:

Favorite Recreational Activities:

Vacation Preferences:

d

PERSONAL PREFERENCES

**PERSONAL PREFERENCES:**

***Date Last Updated***:

Favorite Things *(pets, people, toys, etc):*

Social *(strengths, weaknesses\_ & preferences):*

Triggers / Upsetting Things:

Antidotes / Soothing Things:

INFORMATION ABOUT BIRTH PARENTS

**BIRTH FATHER**

***Date Last Updated***:

|  |  |  |  |
| --- | --- | --- | --- |
| **Birth Father’s Full Name:** |  | Date of Birth: |  |
| Blood Type: |  | U.S. Citizen | □Yes | □No |
| Social Security #: |  | Languages Spoken: |  |
| Ancestry: |  | Ethnicity: |  |
| Religion: |  | Cell Phone: |  |
| Home Phone: |  | Work Phone: |  |
| Email: |  | Employer: |  |
| Marital Status: | □Single | □Married | Spouse/Partner’s Name |  |
| □Divorced | □Domestic Partner |  |
| Full Address: |  |
| Significant Medical History: |  |

**BIRTH MOTHER**

***Date Last Updated***:

|  |  |  |  |
| --- | --- | --- | --- |
| **Birth Mother’s Full Name:** |  | Date of Birth: |  |
| Blood Type: |  | U.S. Citizen | □Yes | □No |
| Social Security #: |  | Languages Spoken: |  |
| Ancestry: |  | Ethnicity: |  |
| Religion: |  | Cell Phone: |  |
| Home Phone: |  | Work Phone: |  |
| Email: |  | Employer: |  |
| Marital Status: | □Single | □Married | Spouse/Partner’s Name |  |
| □Divorced | □Domestic Partner |  |
| Full Address: |  |
| Significant Medical History: |  |

INFORMATION ABOUT SIBLINGS

**SIBLING**

***Date Last Updated***:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sibling Full Name:** |  | Social Security #: |  |
| Sibling Type: | □Traditional sibling *(same mother and father)* |  |
|  | □Half sibling *(share either same mother or father)* |  |
|  | □Stepsibling *(not biologically related but parents are married/domestic partners)* |  |
|  | □Adopted |  |
| Date of Birth: |  | U.S. Citizen | □Yes | □No |
| Blood Type: |  | Gender: |  |
| Home Phone: |  | Email: |  |
| Cell Phone: |  | Work Phone: |  |
| Marital Status: | □Single | □Married | Spouse/Partner’s Name |  |
| □Divorced | □Domestic Partner |  |
| Full Address: |  |

**SIBLING**

***Date Last Updated***:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sibling Full Name:** |  | Social Security #: |  |
| Sibling Type: | □Traditional sibling *(same mother and father)* |  |
|  | □Half sibling *(share either same mother or father)* |  |
|  | □Stepsibling *(not biologically related but parents are married/domestic partners)* |  |
|  | □Adopted |  |
| Date of Birth: |  | U.S. Citizen | □Yes | □No |
| Blood Type: |  | Gender: |  |
| Home Phone: |  | Email: |  |
| Cell Phone: |  | Work Phone: |  |
| Marital Status: | □Single | □Married | Spouse/Partner’s Name |  |
| □Divorced | □Domestic Partner |  |
| Full Address: |  |

What else should you know\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIBLING**

***Date Last Updated***:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sibling Full Name:** |  | Social Security #: |  |
| Sibling Type: | □Traditional sibling *(same mother and father)* |  |
|  | □Half sibling *(share either same mother or father)* |  |
|  | □Stepsibling *(not biologically related but parents are married/domestic partners)* |  |
|  | □Adopted |  |
| Date of Birth: |  | U.S. Citizen | □Yes | □No |
| Blood Type: |  | Gender: |  |
| Home Phone: |  | Email: |  |
| Cell Phone: |  | Work Phone: |  |
| Marital Status: | □Single | □Married | Spouse/Partner’s Name |  |
| □Divorced | □Domestic Partner |  |
| Full Address: |  |

**SIBLING**

***Date Last Updated***:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sibling Full Name:** |  | Social Security #: |  |
| Sibling Type: | □Traditional sibling *(same mother and father)* |  |
|  | □Half sibling *(share either same mother or father)* |  |
|  | □Stepsibling *(not biologically related but parents are married/domestic partners)* |  |
|  | □Adopted |  |
| Date of Birth: |  | U.S. Citizen | □Yes | □No |
| Blood Type: |  | Gender: |  |
| Home Phone: |  | Email: |  |
| Cell Phone: |  | Work Phone: |  |
| Marital Status: | □Single | □Married | Spouse/Partner’s Name |  |
| □Divorced | □Domestic Partner |  |
| Full Address: |  |

Additional information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INFORMATION ABOUT THE CAREGIVERS

**CAREGIVER(S)**

***Date Last Updated***:

|  |  |  |  |
| --- | --- | --- | --- |
| **Caregiver Full Name:** |  | Date of Birth: |  |
| Blood Type: |  | U.S. Citizen | □Yes | □No |
| Social Security #: |  | Languages Spoken: |  |
| Ancestry: |  | Ethnicity: |  |
| Religion: |  | Cell Phone: |  |
| Home Phone: |  | Work Phone: |  |
| Email: |  | Employer: |  |
| Marital Status: | □Single | □Married | Spouse/Partner’s Name |  |
| □Divorced | □Domestic Partner |  |
| Full Address: |  |

**CAREGIVER(S)**

***Date Last Updated***:

|  |  |  |  |
| --- | --- | --- | --- |
| **Caregiver Full Name:** |  | Date of Birth: |  |
| Blood Type: |  | U.S. Citizen | □Yes | □No |
| Social Security #: |  | Languages Spoken: |  |
| Ancestry: |  | Ethnicity: |  |
| Religion: |  | Cell Phone: |  |
| Home Phone: |  | Work Phone: |  |
| Email: |  | Employer: |  |
| Marital Status: | □Single | □Married | Spouse/Partner’s Name |  |
| □Divorced | □Domestic Partner |  |
| Full Address: |  |

INFORMATION ABOUT THE CAREGIVERS

**CAREGIVER(S) AND/OR DEPENDENT’S PREFERENCES**

***Date Last Updated***:

|  |  |
| --- | --- |
| Dating: |  |
| Sex: |  |
| Birth Control: |  |
| Marriage: |  |
| Religion: |  |
| Work: |  |
| Future Care: |  |
| Future Education: |  |
| Funeral/Burial: |  |

HOUSING ARRANGEMENTS

**PRESENT**

***Date Last Updated***:

**PAST**

***Date Last Updated***:

**FUTURE**

***Date Last Updated***:

Relatives willing to help:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSURANCE INFORMATION

**INSURANCE INFORMATION**

***Date Last Updated***:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Insurance Company |  | Policyholder |  | Policy # |  | Insurance Phone |
| Primary Medical: |  |  |  |  |  |  |  |
| Secondary Medical: |  |  |  |  |  |  |  |
| Dental: |  |  |  |  |  |  |  |
| Vision: |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |

GOVERNMENT BENEFITS

**GOVERNMENT BENEFITS**

***Date Last Updated***:

|  |  |
| --- | --- |
| Government Benefit Type: |  |
| Case #: |  |
| Frequency: |  |  | Amount: |  |
| Contact Name: |  |  | Contact Phone: |  |
| Contact Email: |  |  |  |  |
| Comments: |  |

***Date Last Updated***:

|  |  |
| --- | --- |
| Government Benefit Type: |  |
| Case #: |  |
| Frequency: |  |  | Amount: |  |
| Contact Name: |  |  | Contact Phone: |  |
| Contact Email: |  |  |  |  |
| Comments: |  |

**STATE CASEWORKER**

***Date Last Updated***:

|  |  |
| --- | --- |
| Case #: |  |
| Caseworker Name: |  |  | Contact Phone: |  |
| Caseworker Email: |  |  |  |  |
| Comments: |  |
|  |  |

COMMUNITY SERVICES

**COMMUNITY SERVICES**

List benefits/services your special needs dependent receives from the community.

***Date Last Updated***:

|  |  |
| --- | --- |
| Name: |  |
| Description: |  |
| Dates of Service: |  / / | to |  / / |
| Case #: |  |

***Date Last Updated***:

|  |  |
| --- | --- |
| Name: |  |
| Description: |  |
| Dates of Service: |  / / | to |  / / |
| Case #: |  |

EDUCATIONAL INFORMATION

**CURRENT SCHOOL**

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School Name: |  |  | Current Grade: |  |
| Full Address: |  |  |  |  |
| Contact Name: |  |  | Contact Phone: |  |
| Contact Email: |  |  |  |  |
| School Start Time: |  |  | School End Time: |  |
| Transportation to/from school: |  |  |  |  |
| Transportation Contact Name & Phone: |  |
| Pick-up Time/Location (include special instructions): |  |
| Drop-off Time/Location (include special instructions): |  |
|  |  |
| Our loved one currently has: | □504 Plan |
| □IEP (Individual Education Plan) |
| □IFSP (Individual Family Service Plan) |
|  Where is the Plan stored? |  |
| Other comments: |  |

Friends \_\_\_?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUCATIONAL SUPPORT TEAM

**CURRENT SCHOOL – CHILD SUPPORT TEAM**

*(i.e. Child Study Team, Student Study Team, Student Intervention Team, Student Success Team, etc.)*

***Date Last Updated***:

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Name:** |  | Contact Phone: |  |
| Contact Email: |  |
| Role/Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Name:** |  | Contact Phone: |  |
| Contact Email: |  |
| Role/Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Name:** |  | Contact Phone: |  |
| Contact Email: |  |
| Role/Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Name:** |  | Contact Phone: |  |
| Contact Email: |  |
| Role/Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Name:** |  | Contact Phone: |  |
| Contact Email: |  |
| Role/Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Name:** |  | Contact Phone: |  |
| Contact Email: |  |
| Role/Title: |  |

EDUCATIONAL HISTORY

**PREVIOUS SCHOOL(S)**

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School Name: |  |  | Last Grade Attended: |  |
| Full Address: |  |
| Contact Name: |  |  | Contact phone: |  |
| Contact Email: |  |
| Attended from: |  / / | to |  / / |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School Name: |  |  | Last Grade Attended: |  |
| Full Address: |  |
| Contact Name: |  |  | Contact phone: |  |
| Contact Email: |  |
| Attended from: |  / / | to |  / / |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School Name: |  |  | Last Grade Attended: |  |
| Full Address: |  |
| Contact Name: |  |  | Contact phone: |  |
| Contact Email: |  |
| Attended from: |  / / | to |  / / |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School Name: |  |  | Last Grade Attended: |  |
| Full Address: |  |
| Contact Name: |  |  | Contact phone: |  |
| Contact Email: |  |
| Attended from: |  / / | to |  / / |

**Comments about Schools, Teachers, Aides, etc.**

CONTACTS – Family/Friends

**FAMILY/FRIENDS**

***Date Last Updated***:

|  |  |
| --- | --- |
| **Family/Friend Full Name:** |  |
| Relationship to your dependent: |  |
| Home Phone: |  |  | Work Phone: |  |
| Cell Phone: |  |  | Email: |  |
| Full Address: |  |

***Date Last Updated***:

|  |  |
| --- | --- |
| **Family/Friend Full Name:** |  |
| Relationship to your dependent: |  |
| Home Phone: |  |  | Work Phone: |  |
| Cell Phone: |  |  | Email: |  |
| Full Address: |  |

***Date Last Updated***:

|  |  |
| --- | --- |
| **Family/Friend Full Name:** |  |
| Relationship to your dependent: |  |
| Home Phone: |  |  | Work Phone: |  |
| Cell Phone: |  |  | Email: |  |
| Full Address: |  |

***Date Last Updated***:

|  |  |
| --- | --- |
| **Family/Friend Full Name:** |  |
| Relationship to your dependent: |  |
| Home Phone: |  |  | Work Phone: |  |
| Cell Phone: |  |  | Email: |  |
| Full Address: |  |

***Date Last Updated***:

|  |  |
| --- | --- |
| **Family/Friend Full Name:** |  |
| Relationship to your dependent: |  |
| Home Phone: |  |  | Work Phone: |  |
| Cell Phone: |  |  | Email: |  |
| Full Address: |  |

***Date Last Updated***:

|  |  |
| --- | --- |
| **Family/Friend Full Name:** |  |
| Relationship to your dependent: |  |
| Home Phone: |  |  | Work Phone: |  |
| Cell Phone: |  |  | Email: |  |
| Full Address: |  |

***Date Last Updated***:

|  |  |
| --- | --- |
| **Family/Friend Full Name:** |  |
| Relationship to your dependent: |  |
| Home Phone: |  |  | Work Phone: |  |
| Cell Phone: |  |  | Email: |  |
| Full Address: |  |

***Date Last Updated***:

|  |  |
| --- | --- |
| **Family/Friend Full Name:** |  |
| Relationship to your dependent: |  |
| Home Phone: |  |  | Work Phone: |  |
| Cell Phone: |  |  | Email: |  |
| Full Address: |  |

***Date Last Updated***:

|  |  |
| --- | --- |
| **Family/Friend Full Name:** |  |
| Relationship to your dependent: |  |
| Home Phone: |  |  | Work Phone: |  |
| Cell Phone: |  |  | Email: |  |
| Full Address: |  |

CONTACTS – Physicians

**PHYSICIANS**

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Physician’s Full Name:** |  |  | Specialty: |  |
| Phone: |  |  | Date of Last Visit |  |
| Email: |  |
| Full Address: |  |
| Comments: |  |

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Physician’s Full Name:** |  |  | Specialty: |  |
| Phone: |  |  | Date of Last Visit |  |
| Email: |  |
| Full Address: |  |
| Comments: |  |

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Physician’s Full Name:** |  |  | Specialty: |  |
| Phone: |  |  | Date of Last Visit |  |
| Email: |  |
| Full Address: |  |
| Comments: |  |

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Physician’s Full Name:** |  |  | Specialty: |  |
| Phone: |  |  | Date of Last Visit |  |
| Email: |  |
| Full Address: |  |
| Comments: |  |

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Physician’s Full Name:** |  |  | Specialty: |  |
| Phone: |  |  | Date of Last Visit |  |
| Email: |  |
| Full Address: |  |
| Comments: |  |

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Physician’s Full Name:** |  |  | Specialty: |  |
| Phone: |  |  | Date of Last Visit |  |
| Email: |  |
| Full Address: |  |
| Comments: |  |

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Physician’s Full Name:** |  |  | Specialty: |  |
| Phone: |  |  | Date of Last Visit |  |
| Email: |  |
| Full Address: |  |
| Comments: |  |

PREFERENCES - Physicians

**PREFERENCES WITH PHYSICIANS**

***Date Last Updated***:

X Physicians to Avoid:

CONTACTS – Therapists

**PHYSICIANS**

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Therapist’s Full Name:** |  |  | Specialty: |  |
| Phone: |  |  | Date of Last Visit |  |
| Email: |  |
| Full Address: |  |
| Comments: |  |

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Therapist’s Full Name:** |  |  | Specialty: |  |
| Phone: |  |  | Date of Last Visit |  |
| Email: |  |
| Full Address: |  |
| Comments: |  |

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Therapist’s Full Name:** |  |  | Specialty: |  |
| Phone: |  |  | Date of Last Visit |  |
| Email: |  |
| Full Address: |  |
| Comments: |  |

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Therapist’s Full Name:** |  |  | Specialty: |  |
| Phone: |  |  | Date of Last Visit |  |
| Email: |  |
| Full Address: |  |
| Comments: |  |

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Therapist’s Full Name:** |  |  | Specialty: |  |
| Phone: |  |  | Date of Last Visit |  |
| Email: |  |
| Full Address: |  |
| Comments: |  |

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Therapist’s Full Name:** |  |  | Specialty: |  |
| Phone: |  |  | Date of Last Visit |  |
| Email: |  |
| Full Address: |  |
| Comments: |  |

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Therapist’s Full Name:** |  |  | Specialty: |  |
| Phone: |  |  | Date of Last Visit |  |
| Email: |  |
| Full Address: |  |
| Comments: |  |

PREFERENCES - Therapists

**PREFERENCES WITH THERAPISTS**

***Date Last Updated***:

X Therapists to Avoid:

CONTACTS – Nurses

**NURSES**

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nurse’s Full Name:** |  |  | Specialty: |  |
| Phone: |  |  | Date of Last Visit |  |
| Email: |  |
| Full Address: |  |
| Comments: |  |

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nurse’s Full Name:** |  |  | Specialty: |  |
| Phone: |  |  | Date of Last Visit |  |
| Email: |  |
| Full Address: |  |
| Comments: |  |

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nurse’s Full Name:** |  |  | Specialty: |  |
| Phone: |  |  | Date of Last Visit |  |
| Email: |  |
| Full Address: |  |
| Comments: |  |

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nurse’s Full Name:** |  |  | Specialty: |  |
| Phone: |  |  | Date of Last Visit |  |
| Email: |  |
| Full Address: |  |
| Comments: |  |

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nurse’s Full Name:** |  |  | Specialty: |  |
| Phone: |  |  | Date of Last Visit |  |
| Email: |  |
| Full Address: |  |
| Comments: |  |

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nurse’s Full Name:** |  |  | Specialty: |  |
| Phone: |  |  | Date of Last Visit |  |
| Email: |  |
| Full Address: |  |
| Comments: |  |

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nurse’s Full Name:** |  |  | Specialty: |  |
| Phone: |  |  | Date of Last Visit |  |
| Email: |  |
| Full Address: |  |
| Comments: |  |

PREFERENCES – Nurses

**PREFERENCES WITH NURSES**

***Date Last Updated***:

X Nurses to Avoid:

CONTACTS – Aides/Helpers

**AIDES/HELPERS**

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Aide’s/Helper’s Full Name:** |  |  | Specialty: |  |
| Phone: |  |  | Date of Last Visit |  |
| Email: |  |
| Full Address: |  |
| Comments: |  |

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Aide’s/Helper’s Full Name:** |  |  | Specialty: |  |
| Phone: |  |  | Date of Last Visit |  |
| Email: |  |
| Full Address: |  |
| Comments: |  |

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Aide’s/Helper’s Full Name:** |  |  | Specialty: |  |
| Phone: |  |  | Date of Last Visit |  |
| Email: |  |
| Full Address: |  |
| Comments: |  |

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Aide’s/Helper’s Full Name:** |  |  | Specialty: |  |
| Phone: |  |  | Date of Last Visit |  |
| Email: |  |
| Full Address: |  |
| Comments: |  |

PREFERENCES – Aides/Helpers

**PREFERENCES WITH AIDES/HELPERS**

***Date Last Updated***:

X Aides/Helpers to Avoid:

CONTACTS - Vocational

**VOCATIONAL**

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | Phone: |  |
| Full Address: |  |  |  |  |

CONTACTS - Pharmacy

**PHARMACY - LOCAL**

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | Phone: |  |
| Full Address: |  |  |  |  |

**PHARMACY – MAIL SERVICE**

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | Phone: |  |
| Full Address: |  |  |  |  |
| Email: |  |  |  |  |

CONTACTS - Pharmacy

**PHARMACY - LOCAL**

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | Phone: |  |
| Full Address: |  |  |  |  |

CONTACTS - Vocational

**ESTATE/FINANCIAL**

***Date Last Updated***:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Current Guardian** | Full Name: |  |  |  |  |
| Phone: |  |  | Email: |  |
| Full Address: |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Alternate Guardian** | Full Name: |  |  |  |  |
| Phone: |  |  | Email: |  |
| Full Address: |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Trustee/Trust** | Full Name: |  |  |  |  |
| Phone: |  |  | Email: |  |
| Full Address: |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Executor/Will** | Full Name: |  |  |  |  |
| Phone: |  |  | Email: |  |
| Full Address: |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Power of Attorney** | Full Name: |  |  |  |  |
| Phone: |  |  | Email: |  |
| Full Address: |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Healthcare Proxy** | Full Name: |  |  |  |  |
| Phone: |  |  | Email: |  |
| Full Address: |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Financial Advisor** | Full Name: |  |  |  |  |
| Phone: |  |  | Email: |  |
| Full Address: |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Special Needs Attorney** | Full Name: |  |  |  |  |
| Phone: |  |  | Email: |  |
| Full Address: |  |  |  |  |

IMPORTANT LEGAL DOCUMENTS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Established** | **Date Established** | **Storage Location***(i.e. lockbox, safe, etc.)* | **Date Last Updated** |
| **Will** | □Yes | □No |  / / |  |  / / |
| **Living Will** | □Yes | □No |  / / |  |  / / |
| **Durable Powers of Attorney** | □Yes | □No |  / / |  |  / / |
| **Guardianship** | □Yes | □No |  / / |  |  / / |
| **Special Needs Trust** | □Yes | □No |  / / |  |  / / |

OTHER IMPORTANT DOCUMENTS

**OTHER IMPORTANT DOCUMENTS**

*List any other important reference documentation/records that are not listed in this Letter of Intent, i.e. other binders or folders you maintain*

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** |  | **Storage Location***(i.e. lockbox, safe, etc.)* |  | **Comments** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

MEDICAL EQUIPMENT

**TYPE & COST OF MEDICAL EQUIPMENT NEEDS**

*(i.e. hearing aid, eyeglasses, wheelchair, etc.)*

***Date Last Updated***:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type:** |  |  | Brand: |  |  | Approx. Cost: |  |
| Details *(i.e. size, color, etc.)* |  |  |  |  |  |  |  |
| Supplier Name: |  |  |  |  |  | Supplier Phone: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type:** |  |  | Brand: |  |  | Approx. Cost: |  |
| Details *(i.e. size, color, etc.)* |  |  |  |  |  |  |  |
| Supplier Name: |  |  |  |  |  | Supplier Phone: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type:** |  |  | Brand: |  |  | Approx. Cost: |  |
| Details *(i.e. size, color, etc.)* |  |  |  |  |  |  |  |
| Supplier Name: |  |  |  |  |  | Supplier Phone: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type:** |  |  | Brand: |  |  | Approx. Cost: |  |
| Details *(i.e. size, color, etc.)* |  |  |  |  |  |  |  |
| Supplier Name: |  |  |  |  |  | Supplier Phone: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type:** |  |  | Brand: |  |  | Approx. Cost: |  |
| Details *(i.e. size, color, etc.)* |  |  |  |  |  |  |  |
| Supplier Name: |  |  |  |  |  | Supplier Phone: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type:** |  |  | Brand: |  |  | Approx. Cost: |  |
| Details *(i.e. size, color, etc.)* |  |  |  |  |  |  |  |
| Supplier Name: |  |  |  |  |  | Supplier Phone: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type:** |  |  | Brand: |  |  | Approx. Cost: |  |
| Details *(i.e. size, color, etc.)* |  |  |  |  |  |  |  |
| Supplier Name: |  |  |  |  |  | Supplier Phone: |  |

BIRTH HISTORY

**BIRTH HISTORY**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth: |  / / |  | Weight: |  |  | Length: |  |
| Time of Birth: |  |  | Place of Birth: |  |  |  |  |
| Delivered by (Full Name): |  |  |  |  |  |  |  |
| Birth Delivery Information: |  |  |  |  |  |  |  |

DIAGNOSES

**DIAGNOSES**

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Diagnosis:** |  |  | Date diagnosed: |  |
| Diagnosed by: |  |
| Tests performed and results *(includes dates):* |  |
| Diagnosis definition: |  |
| What does this diagnosis mean for our loved one? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Diagnosis:** |  |  | Date diagnosed: |  |
| Diagnosed by: |  |
| Tests performed and results *(includes dates):* |  |
| Diagnosis definition: |  |
| What does this diagnosis mean for our loved one? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Diagnosis:** |  |  | Date diagnosed: |  |
| Diagnosed by: |  |
| Tests performed and results *(includes dates):* |  |
| Diagnosis definition: |  |
| What does this diagnosis mean for our loved one? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Diagnosis:** |  |  | Date diagnosed: |  |
| Diagnosed by: |  |
| Tests performed and results *(includes dates):* |  |
| Diagnosis definition: |  |
| What does this diagnosis mean for our loved one? |  |

MEDICAL HISTORY - Immunizations

**IMMUNIZATIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |
| Immunization: |  |  | Date: |  / / |

MEDICAL HISTORY - Hospitalizations

**HOSPITALIZATIONS**

|  |  |
| --- | --- |
| **Reason:** |  |
| Location: |  |  | Date(s): |  |
| Results: |  |

|  |  |
| --- | --- |
| **Reason:** |  |
| Location: |  |  | Date(s): |  |
| Results: |  |

|  |  |
| --- | --- |
| **Reason:** |  |
| Location: |  |  | Date(s): |  |
| Results: |  |

|  |  |
| --- | --- |
| **Reason:** |  |
| Location: |  |  | Date(s): |  |
| Results: |  |

|  |  |
| --- | --- |
| **Reason:** |  |
| Location: |  |  | Date(s): |  |
| Results: |  |

|  |  |
| --- | --- |
| **Reason:** |  |
| Location: |  |  | Date(s): |  |
| Results: |  |

|  |  |
| --- | --- |
| **Reason:** |  |
| Location: |  |  | Date(s): |  |
| Results: |  |

|  |  |
| --- | --- |
| **Reason:** |  |
| Location: |  |  | Date(s): |  |
| Results: |  |

MEDICAL HISTORY – Surgical Procedures

**SURGICAL PROCEDURES**

|  |  |
| --- | --- |
| **Reason:** |  |
| Location: |  |  | Date(s): |  |
| Results: |  |

|  |  |
| --- | --- |
| **Reason:** |  |
| Location: |  |  | Date(s): |  |
| Results: |  |

|  |  |
| --- | --- |
| **Reason:** |  |
| Location: |  |  | Date(s): |  |
| Results: |  |

|  |  |
| --- | --- |
| **Reason:** |  |
| Location: |  |  | Date(s): |  |
| Results: |  |

|  |  |
| --- | --- |
| **Reason:** |  |
| Location: |  |  | Date(s): |  |
| Results: |  |

|  |  |
| --- | --- |
| **Reason:** |  |
| Location: |  |  | Date(s): |  |
| Results: |  |

|  |  |
| --- | --- |
| **Reason:** |  |
| Location: |  |  | Date(s): |  |
| Results: |  |

ALLERGIES - Food

**FOOD ALLERGIES**

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List Food Allergy:** |  |  | Date: |  / / |
| Reaction Symptoms: |  |
| Testing: |  |
| Treatment: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List Food Allergy:** |  |  | Date: |  / / |
| Reaction Symptoms: |  |
| Testing: |  |
| Treatment: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List Food Allergy:** |  |  | Date: |  / / |
| Reaction Symptoms: |  |
| Testing: |  |
| Treatment: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List Food Allergy:** |  |  | Date: |  / / |
| Reaction Symptoms: |  |
| Testing: |  |
| Treatment: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List Food Allergy:** |  |  | Date: |  / / |
| Reaction Symptoms: |  |
| Testing: |  |
| Treatment: |  |

ALLERGIES - Medications

**DRUG ALLERGIES**

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List Drug Allergy:** |  |  | Date: |  / / |
| Reaction Symptoms: |  |
| Testing: |  |
| Treatment: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List Drug Allergy:** |  |  | Date: |  / / |
| Reaction Symptoms: |  |
| Testing: |  |
| Treatment: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List Drug Allergy:** |  |  | Date: |  / / |
| Reaction Symptoms: |  |
| Testing: |  |
| Treatment: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List Drug Allergy:** |  |  | Date: |  / / |
| Reaction Symptoms: |  |
| Testing: |  |
| Treatment: |  |

ALLERGIES - Environmental

**ENVIRONMENTAL ALLERGIES**

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List Environmental Allergy:** |  |  | Date: |  / / |
| Reaction Symptoms: |  |
| Testing: |  |
| Treatment: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List Environmental Allergy:** |  |  | Date: |  / / |
| Reaction Symptoms: |  |
| Testing: |  |
| Treatment: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List Environmental Allergy:** |  |  | Date: |  / / |
| Reaction Symptoms: |  |
| Testing: |  |
| Treatment: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List Environmental Allergy:** |  |  | Date: |  / / |
| Reaction Symptoms: |  |
| Testing: |  |
| Treatment: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List Environmental Allergy:** |  |  | Date: |  / / |
| Reaction Symptoms: |  |
| Testing: |  |
| Treatment: |  |

ALLERGIES - Pets

**PET ALLERGIES**

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List Pet Allergy:** |  |  | Date: |  / / |
| Reaction Symptoms: |  |
| Testing: |  |
| Treatment: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List Pet Allergy:** |  |  | Date: |  / / |
| Reaction Symptoms: |  |
| Testing: |  |
| Treatment: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List Pet Allergy:** |  |  | Date: |  / / |
| Reaction Symptoms: |  |
| Testing: |  |
| Treatment: |  |

ALLERGIES - Other

**“OTHER” ALLERGIES**

***Date Last Updated***:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List “Other” Allergy:** |  |  | Date: |  / / |
| Reaction Symptoms: |  |
| Testing: |  |
| Treatment: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List “Other” Allergy:** |  |  | Date: |  / / |
| Reaction Symptoms: |  |
| Testing: |  |
| Treatment: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List “Other” Allergy:** |  |  | Date: |  / / |
| Reaction Symptoms: |  |
| Testing: |  |
| Treatment: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List “Other” Allergy:** |  |  | Date: |  / / |
| Reaction Symptoms: |  |
| Testing: |  |
| Treatment: |  |

MEDICAL HISTORY - Medications

**MEDICATIONS**

***Date Last Updated***:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medication Name:** |  |  | Currently Taking: | □ Yes | □ No |
| Dosage: |  |  | Date Prescribed: |  / / |
| Reason: |  |
| Prescribed by: |  |
| Comments: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medication Name:** |  |  | Currently Taking: | □ Yes | □ No |
| Dosage: |  |  | Date Prescribed: |  / / |
| Reason: |  |
| Prescribed by: |  |
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| **Medication Name:** |  |  | Currently Taking: | □ Yes | □ No |
| Dosage: |  |  | Date Prescribed: |  / / |
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| **Medication Name:** |  |  | Currently Taking: | □ Yes | □ No |
| Dosage: |  |  | Date Prescribed: |  / / |
| Reason: |  |
| Prescribed by: |  |
| Comments: |  |

ADDITIONAL COMMENTS

**Use this area to share any other thoughts or feelings about your loved one that would help to reflect the quality of care that you have provided for your special needs dependent.**