

Sample record- keeping system

Information to Include in your Record-Keeping System

Section 1 – Personal

1. Photocopies of your child's:
 - Birth certificate
 - Social security card
 - Insurance card(s) & information (including Medicaid and Medicare)
2. Current photo of your child (photo must be less than 1 year old)
3. Behavior change record

Section 2 – Medical

1. Portable Treatment Record
2. Photocopies of your child's:
 - Immunization record
 - Any medical diagnostic information (reports from MRI's, CT Scans, etc.)
 - Current physical exam
 - Any psychological testing reports
 - Discharge summaries
 - Emails or letters between you and treatment providers
3. Written records of phone conversations and meetings/conferences with treatment providers (doctors, therapists, nurses, etc.)

Section 3 – School

1. Photocopies of your child's:
 - Individual Education Plans (IEPs)
 - Report cards/progress reports
 - Any testing results (academic or psychological) done by the school
 - Emails or letters between you and school personnel (local, state or federal)
2. Written records of phone conversations and meetings/conferences with school personnel

Section 4 – Crisis and relapse

1. Crisis plan
2. Relapse plan

Personal

Your child's birth certificate

Usually you will need an original, so 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 your child's
Insurance Card
(front)**

**Copy of your child's
Insurance Card
(back)**

Photo of your child

**Photo should be less than one
year old. Children change
quickly.**

Behavior Change Record

Date	Changes I noticed (ex: in mood, sleep, appetite)

Medical

Portable Treatment Record

Child's name: _____ Date of birth: _____

Caregivers: _____ Phone: _____

_____ 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 mental health professional: _____

Office address: _____

Name: _____ Phone: _____

Type of mental health professional: _____

Office address: _____

Medical History

Allergies to medications:

Medication	Reaction

Psychiatric medications that caused severe side effects:

Medication	Side effects	Approximate date discontinued

Major medical illnesses:

Illness	Treatment	Current status

Major medical procedures (ex: surgeries, MRI, CT scan)

Date	Procedure	Result

Current Medical Information

Diagnoses:

Date	Procedure	Who made the diagnosis

Psychiatric hospitalizations:

Date of admission	Reason for hospitalization	Name of facility	Date of discharge

Medication Record

Date prescribed	Physician	Medication	Dosage	Date discontinued

Source: Suzanne Vogel-Scibilia’s Young Families Crisis Course

Include copies of these documents in this section:

- Immunization record
- Any medical diagnostic information (example, MRI's, CT scans)
- Current physical examination information (within the last year)
- Any psychological testing reports

Conversation Record

You can use this form to document short conversations on the phone or in-person.

Date	Who I spoke with	Reason for conversation	Result/agreement

Include copies of any written correspondence about your child's treatment in this section. For example:

- Letters and emails to and from insurance companies
- Letters and emails to and from treatment providers

School

Conversation Record

You can use this form to document short conversations on the phone or in-person.

Date	Who I spoke with	Reason for conversation	Result/agreement

Phone/Meeting Documentation

Date of contact: _____ Type of contact: Telephone
 In-person

If this was an in-person meeting, was your child with you? Yes No

Person/agency contacted: _____

Reason for the contact: _____

List everyone involved in the contact (other than yourself and your child):

Name	Position/title

Comments:

Include copies of any written correspondence about your child's school experience in this section. For example:

- Letters and emails to and from school staff
- Letters and emails about 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 we need help from professionals, we will follow these steps (include how the other children will be taken care of):

1. _____

2. _____

3. _____

4. _____

5. _____

Relapse Plan

Caregivers and child should talk together and agree on the following parts of their plan:

How do we know you are getting sick again? List signs and symptoms of relapse:

1. _____
2. _____
3. _____

When the symptoms on line 1 appear, we will:

- _____
- _____
- _____

When the symptoms on line 2 appear, we will:

- _____
- _____
- _____

When the symptoms on line 3 appear, we will:

- _____
- _____
- _____

When will we think about going to the hospital? What type of behavior would make us consider doing this?

When will we think about calling the police? What type of behavior would make us consider doing this?

Miscellaneous