RESOURCE GUIDE
For families, from families
TABLE OF CONTENTS

Family support ........................................................................................................................................... 4

Financial resources ................................................................................................................................. 9

Community resources ........................................................................................................................... 11

Family favorite websites ....................................................................................................................... 13

Tips for organizing .................................................................................................................................. 14

Medical forms .......................................................................................................................................... 15
Members of Children’s Family Advisory Council prepared this guide for you. It contains information and resources we have found to be helpful. We also encourage you to refer to Children’s Welcome booklet for additional information. Copies of the Welcome Booklet for each campus are available online:

Minneapolis:
https://www.childrensmn.org/your-visit/while-you-are-here/on-the-minneapolis-campus/

St. Paul:
https://www.childrensmn.org/your-visit/while-you-are-here/on-the-st-paul-campus/

The mission of the Children's Family Advisory Council is to promote patient and family-centered care and advise and advocate for children and their families using experience, wisdom and diverse points of view, so that positive changes are made to the Children’s hospital system and the community.

At Children’s we value our family partnerships. To become involved as a family partner, please email familesaspartners@childrensMN.org
FAMILY SUPPORT

Family resource center
Minneapolis Great Clips Family Resource Center St. Paul Family Resource Center
2nd floor, across from the Welcome Center 3rd Floor, River Tower, Suite 3107
612-813-6816 651-220-6368

The family resource center is available to help “lighten the load” for you during your visit(s) to Children’s. Whether you are looking for information about your child’s diagnosis, need to catch up on work, or just want to relax with a cup of coffee and a magazine, the resource center provides a comfortable, quiet place to spend time.

The resource center library offers a large selection of books, brochures and videos on health and parenting topics. Reference/research assistance is available. Staff can also help you locate information about resources available through community-based agencies and organizations.

A wide array of complimentary amenities (computers, wireless Internet access, phone charging stations, fax, photocopier, notary, beverages and breakfast snacks, leisure reading materials and more) are offered in conjunction with library and financial counseling services to help you keep your life going whether you are at Children’s for hospital or clinic visits. To learn more, visit www.childrensMN.org/services/family-services/family-resource-centers, or call Minneapolis at 612-813-6816, or St. Paul at 651-220-6368.

Bereavement Services
Minneapolis or St. Paul: 612-813-7216

I feel alone and overwhelmed as I face life without my child. What support is available to help me and my family during this time of grief?

Bereavement support is provided to families who experience the death of a child who was cared for by Children’s. This is a comprehensive program that provides resources, referrals, memorial services, grief groups and other special events for bereaved families. Bereavement Services also provides support through our Family-to-Family program. Family-to-Family will match a newly bereaved family with another family who is at least two years from the death of their own child.

Bereavement Services incorporates employees from various patient care units and departments at Children’s who have a passion for caring for families whose child has died. Bereavement Services also invites bereaved families to give back to other Children’s families by helping with program development, helping host bereavement events and through financial support of this important service.
Care Conferences

There are several professionals involved in my child’s care. With specialists rounding at different times and needing to consult with one another, it’s sometimes hard for me to get my questions answered. And, I’m not always able to be present at rounds or at the bedside. Is it possible to have a meeting where everyone is in the same place at the same time?

A care conference is a collaborative meeting that brings together the patient and/or patient’s family, nurses, physicians and other medical and non-medical professionals involved in delivering patient care. Any patient or patient family can request a care conference at any time. If you’d like to schedule a care conference, contact your social worker to determine a date and time that will best accommodate the schedules of all involved in delivering care. To help make the care conference effective, it is recommended you write down questions and discuss them with the social worker ahead of time. Doing so will ensure that the correct people are in attendance to appropriately answer your questions.

CaringBridge™ www.caringbridge.org

I am overwhelmed with phone calls and messages. How can I keep my family and friends updated on what is happening while my child is in the hospital and later at home?

Communication with family and friends often takes on an added importance when your child is in the hospital or receiving on-going medical care. To help you stay in touch, Geek Squad Agents* can help you create a secure, private and personal web page on CaringBridge, a free Internet service. CaringBridge helps to keep everyone updated on what is happening without taking a lot of time or energy. The site also provides an easy way for your family and friends to offer comfort and support, when you need it most.

Additionally, CaringBridge offers SupportPlanner, a calendar organizer, to help family and friends coordinate helpful tasks such as making and bringing meals, providing child care during appointment times, doing household chores, caring for pets or giving you regular breaks. You can use the calendar in conjunction with your regular CaringBridge site. Or, you can also choose to use the calendar only whenever you need help with specific tasks or chores.

CaringBridge and SupportPlanner, www.caringbridge.org, help make your child’s health care journey easier. Both are simple to use, even if you do not have much computer experience.

*Geek Squad agents are available to assist families with CaringBridge and other technology-related questions and concerns.

Minneapolis Geek Squad Precinct: 2nd floor, Children’s Specialty Center, 612-813-6760
St. Paul Geek Squad Precinct: 3rd floor, River Tower, 651-220-7010
**Child life**
Minneapolis: 612-813-6259  
St. Paul: 651-220-6465

*My child is confused and frightened in the hospital. Is there anyone at Children’s who can help my child cope?*

Here at Children’s, we recognize that medical procedures and hospitalizations are stressful events in the lives of children and their families. Our child life program uses play, creative arts, recreation, and teaching/education techniques to help patients and their families cope with fear and anxiety and have a positive health care experience. The Child Life professionals at Children’s are trained specialists and members of your child’s health care team. They work directly with you and your child at the bedside and in cheerful playrooms to help relieve stress and help you and your child feel more in control of the situation.

Examples of some things child life specialists do include: explain a diagnosis or treatment in words that your child can understand, use medical and normal play activities to help your child understand medical procedures, allow your child to express feelings and ask questions, provide your child with knowledge and effective coping strategies prior to a procedure as well as offer support during and after the event. They also provide support to siblings. From playroom support to arts and crafts projects, child life specialists are known as the “fun makers” of the hospital.

**Children's libraries**
Minneapolis, 2nd floor, in the Sibling Play Area 612-813-6816  
St. Paul, 3rd Floor, River Tower, inside the Child Life Zone 651-220-6368

Books and magazines for patients of all ages are available through the Children’s Library. Volunteers make bookwagon rounds to inpatient units so children can check out books without leaving their rooms. Or, you can call the library on either campus to request your child’s favorite books. Reading is a great way to pass time in the hospital. Books can also help your child understand and adjust to the hospital experience. Please ask library or child life staff for recommendations.

**Ethics consultation**
612-813-6159

*The proposed treatment for my child is not consistent with my personal beliefs. What should I do?*

Ethical questions around the care of patients happen all the time and can be difficult to resolve. Children’s has a clinical ethics consultation service that is available 24/7 to help with these issues and situations. You, and any member of the clinical team, are able to call an ethics consultation for any issue you believe has ethical concerns. Sometimes you don’t know that the issue has ethical implications but something “just doesn’t feel right.” That is a perfect time to call one of the consultants to talk it through and we will engage further if we think it is needed.

**Interfaith Chapels**
Minneapolis, 1st floor, near the lobby and Starz Café  
St. Paul, 3rd floor, River Tower near the Family Resource Center and Child Life Zone

*Is there a quiet place to reflect?*

Children’s Interfaith Chapels are available for prayer, meditation and reflection. The chapels are open to
members of all faith traditions as well as those with no faith tradition. There are sacred texts from a variety of 
religions available in the chapels as well as prayer rugs. Spiritual Care staff will help families find the spiritual 
resources needed for their faith tradition if they are not currently on hand. The chapels are open 24 hours a 
day for patients and families.

**Interpreter Services**

Interpreter services: 612-813-7600  
Spanish family language line: 612-813-7500  
Somali family language line: 612-813-2020

**English How do I request an interpreter?**

Children’s provides interpreters for their patients and families. Any patient registration representative or your 
child’s nurse can help you with these services at your request. Professional interpreters in all languages and 
American Sign Language (ASL) are always available at no charge to you.

**Spanish Necesito un intérprete en: ________________?**

El hospital Children’s proporciona intérpretes a los pacientes y sus familias. Solicítelo a través de la 
Representante de registro de pacientes o con la enfermera de su niño (a). Tenemos intérpretes profesionales 
en todos los idiomas y sin costo alguno, incluyendo Lenguaje de Señas Americano (ASL).

**Somali Sìdeex u waydiyistaa turjubaan ______________?**

Isbitaalka Caruurtu wuxuu u diyaariiyay turjubaano buukanada iyo qoysaska. Waydii wakiilka xafiiska diiwaan 
galinta ama kalkaalisada. Turjubaano xirfad u leh dhamaan luuqadaha iyo tan dhagoolayaasha baa mar walba 
diyaar ah, kharashna aan kuugu fadhiyin.

**Pain and palliative care — Children’s Comfort Promise**

Minneapolis Hospital Inpatient: 612-813-6450  
Minneapolis Outpatient: 612-813-7888  
St. Paul Hospital Inpatient: 612-813-6450

*It is so upsetting to hear my child crying in pain. I feel helpless. Is there anyone here at Children’s who can help 
treat that pain?*

The interdisciplinary pain and palliative care team is dedicated to improving the quality of life for the children 
we serve, because we know that when pain and other symptoms are well controlled, children heal faster 
and do better. Staff or family members can request a pain or palliative care consult any time they have 
concerns about their child’s level of comfort. This team of people will partner with you and your child using a 
combination of state of the art pain medications along with non-medicine strategies, to ease your child’s pain 
and symptoms.

We also have the new Children’s Comfort Promise which states we will do everything possible to prevent and 
treat pain. As part of this commitment, Children’s has developed educational resources, including a video to 
help us better partner with parents. Our first efforts are focused on reducing pain during needle procedures. 
Follow this link to access these and other resources: [www.childrensMN.org/services/care-specialties-department/painprogram/childrens-comfort-promise](http://www.childrensMN.org/services/care-specialties-department/painprogram/childrens-comfort-promise)
Sibling Play Area
Minneapolis, 2nd floor, Suite 2100
612-813-7051
St. Paul, Child Life Zone
3rd floor, River Tower, Suite 3100
651-220-9663

Check-in childcare is available for brothers and sisters of patients receiving care in our clinics or hospitals. Children must be 2 years or older and free of cold, flu, or other symptoms of illness. For more information about hours and activities, please call the numbers listed above.

Social Work
Minneapolis 612-813-6138
St. Paul 651-220-6479

I feel completely lost in the health care system. I have questions about how all this works. Is there anyone at Children’s who can help answer my many questions?

Social work is not what you may think it is. Children’s social workers understand that a hospital visit can be stressful and that medical issues affect other areas of family life. They are here to help and support you and your child. In the hospital those things might include: dealing with a new diagnosis, communicating with your health care team, and balancing work, family life and the needs of your sick child. Social workers may also help you with: transportation, parking, lodging, meals and many other community resources.

If you’d like to connect with Social work, all you need to do is tell someone on the medical team that you have questions for the social workers. You can also call the main social work office at 612-813-6138 in Minneapolis or 651-220-6479 in St. Paul.

Spiritual Care
Minneapolis 612-813-6253
St. Paul 651-220-6369

I wish I had someone to talk to. Is there anyone at Children’s who can help me find peace and comfort at this time when my life feels upside down?

Children’s chaplains are clergy who are specially trained to work in the hospital. They work with families and children from all faith traditions, no matter where they are in their faith journey. Families with hospitalized children often face unique and difficult questions, emotions and decisions. Chaplains are available to provide comfort and support to children, families and staff. Sensitivity to various religious afflictions is assured. Some of their spiritual care services include: prayers, rituals, sacraments and assistance with questions of meaning, hope and suffering. They can offer a hand to hold or a shoulder to cry on. The hospital chaplains can also share in moments of thanksgiving or celebration.
I am lost when it comes to all the information that my insurance company is sending me. Is there anywhere I can get an explanation of what all this means?

Insurance frequently used terms

**Deductible:** The amount you pay for health care services each year before the health plan begins to pay for covered medical services.

**Coinsurance:** The percentage of covered health care costs that you pay (or your health plan pays) after reaching your deductible. Example: 80%/20%, where the plan pays 80% and you pay 20%.

**Out-of-pocket maximum:** The most you will pay in deductible and coinsurance (and copays, if any) for covered services in a year.

**Allowed amount:** The dollar amount that a health plan determines is an appropriate charge for a medical service it covers.

**Claim:** Information from a health care provider or member that says health care services were provided.

**Explanation of benefits:** An explanation from your insurance company about how your claim was processed. This is not a bill.

**Network:** The hospitals, doctors and other medical professionals who sign a contract with a health plan to provide care for its members. Also referred to as participating or in-network providers.

**Covered services:** Services that your health plan considers “medically necessary” and therefore eligible for coverage under your plan. If there is ANY question about whether a service is eligible for coverage under your plan, call the customer service number on the back of your insurance card.

**Provider:** A doctor, clinic or hospital. It can also mean other care facilities or professionals, such as physician’s assistants, chiropractors, etc.

If you have any questions, call the phone number on the back of your card. Customer service can tell you if specific services are covered, if providers are in or out of your network, how close you are to your deductible and out-of-pocket maximum and answer any other questions you have about your health plan coverage.
Financial counseling for families

I am really worried that our medical bills are going to put a strain on our finances. Where can I go for help?

The financial counseling program at Children’s provides a “one-stop-shop” for families who need financial support. Appointments are preferable; however staff is available for immediate needs as much as possible.

Services include:
- Help applying for programs such as Medical Assistance (MA), TEFRA, Supplemental Security Income (SSI)
- Payment plan options
- Sliding fee discounts
- Discounts for uninsured patients
- Help with billing statements

Families of all income levels may be eligible for benefits. For help with applications or questions about qualifying for assistance, call financial counseling at Minneapolis: 612-813-6432 or St. Paul: 651-220-6367

Other helpful links for financial services

Bridge to benefits
mn.bridgetobenefits.org
Bridge to Benefits is a multi-state project of Children’s Defense Fund Minnesota to improve the well-being of families and individuals by linking them to public work support programs and tax credits.

Disability linkage line
1-866-333-2466
www.minnesotahelp.info/SpecialTopics/PeopleWithDisabilities
The Disability Link section of MinnesotaHelp.info® makes it easier for people with disabilities to explore options and make decisions about services, benefits, employment, health care and more.

Minnesota Children and Youth with Special Health Needs (MCYSHN)
651-201-3650 or toll free 1-800-728-5420
www.health.state.mn.us/divs/cfh/program/cyshn/index.cfm
COMMUNITY RESOURCES

School services for children with special health care needs

I am concerned about my child's development. I also have many school-related questions regarding my child. Are there any resources for me outside the hospital?

Help Me Grow
1-866-693-4769
www.helpmegrowmn.org

Minnesota's early intervention system, Help Me Grow, includes two programs for eligible children:

- **Minnesota's Help Me Grow: Infant and Toddler Intervention** services are provided for eligible children birth through two years of age who may be experiencing delays in their development for several reasons, including special health conditions.
- **Minnesota's Help Me Grow: Preschool Special Education** provides services based on the needs of preschool children who meet state eligibility criteria for developmental delay or other disability, and who are experiencing challenges in their learning and development. Children may be eligible if they are not able to learn, speak or play like other children who are the same age.

Minnesota children eligible for Help Me Grow can receive services in their home, childcare setting or school. Help Me Grow services meet each child's individual needs and are free to eligible families regardless of income or immigrant status.

Early childhood specialists will work with eligible children and families to plan the services and support they need, which may include:

- Special instruction and other services, such as speech, physical and occupational therapy;
- Ideas about ways that a family can support their child's development at home; and
- Connections to community services and programs.

PACER Center
952-838 9000
www.pacer.org

PACER Center is a parent training and information center for families of children and youth with all disabilities from birth through 21 years old. Located in Minneapolis, it serves families across the nation, as well as those in Minnesota. Parents can find publications, workshops and other resources to help make decisions about education, vocational training, employment, long term hospitalizations that have impacted your child's education and other services for children with disabilities.

The Arc Greater Twin Cities
952-920 0855
www.arcgreatertwincities.org

The Arc promotes and protects the human rights of people with intellectual and developmental disabilities, actively supporting them and their families in a lifetime of full inclusion and participation in their communities. Services include information and advocacy, workshops and forums, sibling programs, abuse prevention and awareness, health care access, networking groups and lifetime assistance program.
Family Voices of Minnesota
1-866-334-8444
www.familyvoicesofminnesota.org

Family Voices of Minnesota is a non-profit, parent-run organization that serves families of children and youth with special health care needs and disabilities (CYSHCN). It is the Family Voices State Affiliate Organization and the Parent to Parent organization of Minnesota. Family Voices of Minnesota’s program and service promote family and youth involvement and leadership in policy development and program design, implementation and evaluation. Family Voices of Minnesota provides families support, information, seasoned wisdom and tools to assist them in navigating the health system, make informed health care decisions for their child, build strong partnerships with professionals and advocate for improved public and private policies related to services for CYSHCN and their families.

Minnesota Disability Law Center
612-334-5970
www.mylegalaid.org

Do you need legal help or advice? As part of Legal Aid, the Minnesota Disability Law Center (MDLC) addresses the unique legal needs of Minnesotans with disabilities. MDLC provides free civil legal assistance to individuals with disabilities statewide on legal issues related to their disabilities. **MDLC does not generally provide assistance with divorce, child custody or personal injury cases.**

United Way 2-1-1
Dial 2-1-1 or call toll free 1-800-543-7709
www.211unitedway.org

Free, confidential information about health, housing, jobs, schools, money, family, community resources, support services and more.
FAMILY FAVORITE WEBSITES

Autism Speaks, www.autismspeaks.org, is an organization dedicated to funding research into the causes, prevention, treatment and a cure for autism: increasing awareness of autism spectrum disorders and advocating for the needs of individuals with autism and their families.

CaringBridge, www.caringbridge.org helps keep loved ones informed during a significant health challenge. CaringBridge also offers SupportPlanner, a calendar organizer to coordinate friends and relatives who offer to support patient families by helping with specific tasks.

CareCalendar, www.carecalendar.org is a web-based system to organize meals and other help for families during a time of illness or life-changing event, such as the birth of a baby or death of a family member.

Children and Youth with Special Health Needs Navigator, www.kidsnavigator.minnesotahelp.info/, helps connect families with local community services from prenatal care to programs for young adults. If you are seeking help and don’t know where to start, the Navigator can help you figure out what kind of help you may need.


Family Voices of Minnesota, www.familyvoicesofMinnesota.org, is a resource for the latest information on what is happening in health care and how it affects you and your family. Do you have a child with disabilities or other special health care needs? Want to talk to another parent? Call 1-866-334-8444.

HopeKids, www.hopekids.org, provides ongoing events and activities and a powerful, unique support community for families who have a child with a life-threatening medical condition.

Lotsa Helping hands, www.lotsahelpinghands.com, is a free private community website to organize family and friends during times of need.


Sibling Support Project, www.siblingsupport.org, provides information about workshops and support for brothers and sisters of people who have special health, developmental or mental health concerns. The website includes a state-by-state “Find a SibShop Near You” function.
TIPS FOR ORGANIZING YOUR CHILD’S HEALTH INFORMATION

Whether you organize your child’s medical documents and information electronically or in paper files, here are some tips you may find useful:

- For medical appointments, write a list of questions in advance that you would like to ask. Also write down important points while at the appointment and ask for a visit summary after the appointment.

- For paperwork, keep the following documents: lab results, test results, insurance documents, medications, visit notes, hospitalization records, discharge papers, immunizations, therapies, school information and other resources. Check with a social worker or case manager about obtaining a portable organizer for these documents.

- For computer storage, create a separate folder in your document library and create sub-folders for your categories. Categories could be the same as mentioned above.

- MyChildren’s is an online resource offered by Children’s Minnesota to give you secure access to part of your Children’s medical records on your computer or phone. To enroll in MyChildren’s, ask the front desk staff in your clinic, Patient Registrations staff or unit coordinators on inpatient units. You can also enroll by calling Children’s Health Information Management at 612-813-6216. Patients under 18 must have their parent/legal guardian request a MyChildren’s account.

- For lab results and other important test results, record them in a spreadsheet to track changes in your child’s values.

- Sign up for a Medical ID System program. These services provide medical Identification and online medical information storage so your health care provider can access important medical information.

- Keep all Medical Assistance and Department of Human Services documents for a minimum of five years.

- It is your right to request copies of your child’s medical records so you can keep them for your use. Visit the Health Information Management (HIM) office. Hours are Monday – Friday; 8 a.m.–4:30 p.m. At the Minneapolis campus, HIM is located on the basement level of the hospital directly across from the patient elevators. At the St. Paul campus, HIM is located on the first floor of the Garden View Medical Building between the coffee cart and Red Ramp elevators.

Note: processing of requests can take up to 5 working days.
FAMILY MEDICAL INFORMATION FORMS
childrensMN.org/services/family-services/family-medical-information-forms

Designed by the Family Advisory Council, these forms can help organize and track your child’s medical information and can help you communicate information and care instructions to your child’s care providers. You can fill in the blanks on these forms directly on your computer and print, or you can print them off and fill them in manually.

Forms included:

- Care contacts
- Diagnosis information
- Durable medical equipment: communications/orthotics
- Durable medical equipment: endocrine/hearing/vision
- Durable medical equipment: intravenous/cardiac/neurological
- Durable medical equipment: nutrition and feeding
- Durable medical equipment: pulmonary and ENT
- Durable medical equipment: equipment
- Medical procedures/surgeries/tests
- Medication history
- Medication schedule — English, Hmong, Somali, Spanish
- Patient contact and insurance information
# Care contact information

Child’s name________________________________________ Date of birth________________________________________

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Name</th>
<th>Clinic/Hospital</th>
<th>Address</th>
<th>Phone number</th>
<th>Email/fax</th>
<th>Last seen</th>
<th>Next seen</th>
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**Common specialty examples:** Dentist, Orthodontist, Eye, ENT, Pharmacy, GI Specialist, Psych Services, Cardiologist, Neurologist, Primary Pediatrician, School Coordinator, Social Worker, Case Manager, Home Care
## Diagnosis information

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<th>Date of birth:</th>
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<th>Abbreviation:</th>
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<td>Date of diagnosis:</td>
<td>Diagnosed by:</td>
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<tr>
<td>Diagnosed at (hospital/clinic/healthcare system):</td>
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<tr>
<td>Treatment (course of action):</td>
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<td>Treatment (course of action):</td>
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Durable medical equipment
Communication/Orthotics

Communication

☐ Communication device
  Type: ______________  Date issued: __________

☐ iPad
  Communication program used: ________________

☐ Switches

☐ PECS

☐ Other: ____________________________
  Speech Therapist: ______________

Notes:

Orthotics

☐ AFO: ____________________________

☐ TLSO: __________________________

☐ SMO: ____________________________

☐ Other:
  Date of last evaluation: ________________
  Physical Therapist: ______________________
  Prescribing Physician: _____________________

☐ Splints
  ☐ Hand/wrist splints
    Date of last evaluation: ________________
    Physical Therapist: ______________________
    Prescribing Physician: _____________________
  ☐ Other:
    Date of last evaluation: ________________
    Physical Therapist: ______________________
    Prescribing Physician: _____________________

☐ Shoes
  Date of last evaluation: ________________
  Physical Therapist: ______________________
  Prescribing Physician: _____________________

☐ Prosthetics
  Date of last evaluation: ________________
  Physical Therapist: ______________________
  Prescribing Physician: _____________________

☐ Occupational therapist: ________________

Other: ____________________________
  Speech Therapist: ______________

Date of last evaluation: ________________
  Physical Therapist: ______________________
  Prescribing Physician: _____________________

Notes:

childrensMN.org/FamilyMedicalInformationForms
# Durable medical equipment

## Endocrine/Hearing/Vision

### Endocrine

- **Insulin pump**
  - Date issued: __________
  - Type: ______________
  - Settings: ____________________

- **Glucose meter**
  - Type: __________
  - Date issued: __________

- **Continuous glucose meter**
  - Type: __________
  - Date issued: __________

- **Testing strips:** ________________

- **Syringes/needles:** ________________

- **Other supplies:** ____________________

- **Prescribing physician:** ____________________

### Hearing

- **Hearing aids**
  - **Bilateral**
  - **Right only**
  - **Left only**
  - Type: __________
  - Date issued: __________
  - Settings: ____________________
  - Vendor: ____________________
  - Prescribing physician: ____________________
  - Audiologist: ____________________
  - Date of last hearing exam: ____________________

- **Cochlear implants**
  - Date placed: ________________
  - Settings: ____________________

### Vision

- **Eye glasses**
  - Date of purchase: ____________________
  - Prescription: ____________________

- **Contact lenses**
  - Date of purchase: ____________________
  - Prescription: ____________________

- **Prescribing physician:** ____________________
- **Date of last eye exam:** ____________________
- **Supply company:** ____________________

### Notes:

- ____________________________________________
- ____________________________________________
- ____________________________________________
- ____________________________________________
- ____________________________________________
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- ____________________________________________
- ____________________________________________
### Intravenous

- **Type of line:**
  - [ ] Date placed:

- **Port**
  - [ ] Date placed:

- **Infusion pump**
  - [ ] Rate:
  - [ ] Volume:
  - [ ] TPN

- **Prescribing physician:**

- **Infusion equipment and supply company:**

- **Subq supplies:**

### Cardiac

- **Pacemaker**
  - [ ] Settings:
  - [ ] Type:
  - [ ] Date placed:

- **Defibrillator**
  - [ ] Settings:
  - [ ] Type:

- **Holter monitor**
  - [ ] Settings:
  - [ ] Type:
  - [ ] Date placed:

- **Prescribing physician:**

- **Equipment/supply company:**

### Neurological

- **Baclofen pump**
  - [ ] Date placed:
  - [ ] Settings:

- **VP Shunt**
  - [ ] Date placed:
  - [ ] Settings:
  - [ ] Programmable
  - [ ] Nonprogrammable

- **Vagus nerve stimulator**
  - [ ] Settings:

- **Continuous positive motion (CPM)**
  - [ ] Settings:

- **Prescribing physician:**

- **Equipment/supply company:**

---

childrensMN.org/FamilyMedicalInformationForms
# Durable medical equipment

## Pulmonary/ENT

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Portable</th>
<th>Date issued:</th>
<th>Standard</th>
<th>Date issued:</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nebulizer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oximeter</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>CPAP</td>
<td></td>
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<tr>
<td>Vent</td>
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<tr>
<td>Trach</td>
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<td></td>
</tr>
<tr>
<td>Suction</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Humidifier</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cough assist machine</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

- **Prescribing physician:** ______________________________
- **DME/supply company:** ________________________________
- **Secondary company:** ________________________________
## Durable medical equipment

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Wheelchair</td>
<td>Date issued: _____________________</td>
</tr>
<tr>
<td></td>
<td>Date of last evaluation: _____________________</td>
</tr>
<tr>
<td>□ Manual</td>
<td></td>
</tr>
<tr>
<td>□ Power</td>
<td></td>
</tr>
<tr>
<td>□ Adaptive stroller</td>
<td>Date issued: _____________________</td>
</tr>
<tr>
<td>Type: __________________</td>
<td></td>
</tr>
<tr>
<td>□ Walker/Gait Trainer</td>
<td>Date issued: _____________________</td>
</tr>
<tr>
<td>Type: __________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date of last evaluation: _____________________</td>
</tr>
<tr>
<td>□ Cane/crutches</td>
<td></td>
</tr>
<tr>
<td>Type: __________________</td>
<td></td>
</tr>
<tr>
<td>□ Bath/shower chair</td>
<td></td>
</tr>
<tr>
<td>Type: __________________</td>
<td></td>
</tr>
<tr>
<td>□ Lift/track system</td>
<td></td>
</tr>
<tr>
<td>Type: __________________</td>
<td></td>
</tr>
<tr>
<td>□ Adaptive hospital bed/crib</td>
<td></td>
</tr>
<tr>
<td>Type: __________________</td>
<td></td>
</tr>
<tr>
<td>□ Adaptive car seat</td>
<td></td>
</tr>
<tr>
<td>Type: __________________</td>
<td></td>
</tr>
<tr>
<td>□ Adaptive chair</td>
<td></td>
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<tr>
<td>□ Feeding chair</td>
<td></td>
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<tr>
<td>Type: __________________</td>
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<td></td>
<td></td>
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<tr>
<td>□ Other chair: __________________</td>
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<tr>
<td>Type: __________________</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>□ Stander</td>
<td></td>
</tr>
<tr>
<td>Type: __________________</td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Adaptive bike/trike</td>
<td></td>
</tr>
<tr>
<td>Type: __________________</td>
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</tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

### Adapting Devices

- Wheelchair
  - Manual: Date issued: _____________________
  - Power: Date issued: _____________________
- Adaptive stroller
  - Type: __________________ Date issued: _____________________
- Walker/Gait Trainer
  - Type: __________________ Date issued: _____________________
- Cane/crutches
  - Type: __________________ Date issued: _____________________
- Bath/shower chair
  - Type: __________________ Date issued: _____________________
- Lift/track system
  - Type: __________________ Date issued: _____________________
- Adaptive hospital bed/crib
  - Type: __________________ Date issued: _____________________
- Adaptive car seat
  - Type: __________________ Date issued: _____________________
- Adaptive chair
  - Feeding chair
    - Type: __________________ Date issued: _____________________
    - Date of last evaluation: _____________________
- Other chair: __________________
  - Type: __________________ Date issued: _____________________
  - Date of last evaluation: _____________________
- Stander
  - Type: __________________ Date issued: _____________________
  - Date of last evaluation: _____________________
- Adaptive bike/trike
  - Type: __________________ Date issued: _____________________
  - Date of last evaluation: _____________________
  - Prescribing physician: _____________________
  - Primary vendor: _____________________
  - Other vendor: _____________________
  - Evaluations performed at: _____________________

---

childrensMN.org/FamilyMedicalInformationForms
Medical procedures/surgeries/tests

Child’s name____________________________ Date of birth__________________

Please complete the information below. Remember to include any and all procedures that may have included sedation.

<table>
<thead>
<tr>
<th>Name of procedure/surgery/test:</th>
<th>Date performed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performed at (hospital/clinic):</td>
<td>Performed by:</td>
</tr>
<tr>
<td>Dates of hospitalization (if applicable):</td>
<td></td>
</tr>
<tr>
<td>Anesthesia/special considerations:</td>
<td></td>
</tr>
<tr>
<td>Other notes:</td>
<td></td>
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</tbody>
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<td>Anesthesia/special considerations:</td>
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<tr>
<td>Other notes:</td>
<td></td>
</tr>
</tbody>
</table>
Current medication and medication history
for: ____________________________________________

Known medication allergies: ____________________________________________

Pharmacy Name: ____________________________ Phone: ____________________________ Fax: ____________________________

<table>
<thead>
<tr>
<th>Brand name</th>
<th>Generic name</th>
<th>Dose (how much)</th>
<th>Route (how given)</th>
<th>Frequency (how often)</th>
<th>Date Started</th>
<th>Date stopped</th>
</tr>
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</tbody>
</table>

Reason (why given) | Who prescribed | Where purchased (pharmacy, specialty pharmacy, home service) | Comments
<table>
<thead>
<tr>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Today’s schedule for _______________________'s medicine

<table>
<thead>
<tr>
<th>Time of day</th>
<th>Medicine</th>
<th>Dose</th>
<th>Comments (with/without food, drug cautions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 8 a.m.</td>
<td>Example Amoxicillin</td>
<td>Example 5ml</td>
<td>With food - breakfast</td>
</tr>
</tbody>
</table>
Sij hawm rau Hnub no ___________________________cov tshuaj

<table>
<thead>
<tr>
<th>Sij hawm rau hnum</th>
<th>Tshuaj</th>
<th>Npaum li cas</th>
<th>Kev taw qhia (nrog/tsis nrog zaub mov, tshuaj ceev faj)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Piv txwv</strong>  8 a.m.</td>
<td><strong>Piv txwv</strong> Amoxicillin</td>
<td><strong>Piv txwv</strong> 5ml</td>
<td><strong>Piv txwv</strong> Nrog zaub mov – pluas tshais</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Daawo Qaadashada ________________ ee Maanta

<table>
<thead>
<tr>
<th>Wakhtiga Maanta</th>
<th>Daawadda</th>
<th>Tirada Daawada</th>
<th>Faalo (cunto ku qaatay/kuma qaadan, digniinta daawada)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tusaale</strong></td>
<td><strong>Tusaale</strong></td>
<td><strong>Tusaale</strong></td>
<td><strong>Tusaale</strong></td>
</tr>
<tr>
<td>8 subaxnimmo</td>
<td>8 subaxnimmo - Amoxicillin</td>
<td>5 ml</td>
<td>Cunto ku qaatay - Quraac</td>
</tr>
</tbody>
</table>

---

*childrensMN.org/FamilyMedicalInformationForms*
<table>
<thead>
<tr>
<th>Hora</th>
<th>Medicina</th>
<th>Dosis</th>
<th>Comentarios (en ayunas o con alimento, precauciones)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ejemplo 8 a.m.</td>
<td>Ejemplo Amoxicilin</td>
<td>Ejemplo 5 ml</td>
<td>Con alimento — en el desayuno</td>
</tr>
</tbody>
</table>
Patient contact and Insurance Information

**Patient**

Name: __________________________________ Preferred name: _______________________

Address: __________________________________________________________________________

Date of birth: __________________________ Medical record number ______________________

First language: __________________________ Other languages spoken: ______________________

**Parent/guardian**

Name: __________________________________ Relationship to child: _______________________

Address: __________________________________________________________________________

Telephone: First__________________ Other _________________ Other ______________________

First language: __________________________ Other languages spoken: ______________________

**Parent/Guardian**

Name: __________________________________ Relationship to child: _______________________

Address: __________________________________________________________________________

Telephone: First__________________ Other _________________  Other ______________________

First language: __________________________ Other languages spoken: ______________________

**Insurance information**

Complete information below or attach a copy of the front and back of your insurance card here.

<table>
<thead>
<tr>
<th>Name of Insurance</th>
<th>Telephone</th>
<th>Group #</th>
<th>Subscriber ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________</td>
<td>-----------</td>
<td>---------</td>
<td>----------------</td>
</tr>
</tbody>
</table>

Subscriber (Name of policy holder) __________________________