PLAN OF SAFE CARE PORTFOLIO OVERVIEW

Your Plan of Safe Care Portfolio is a tool to help you organize your documents and notes. It should be updated over time to keeptrack of all your appointments, activities, and accomplishments. This will help you communicate the preparations you have madeto keep you, your baby, and your family safe and healthy.

Below is a description of each tab in your portfolio and the resources included. Remember, this is YOUR portfolio, and you can customize it to best fit your needs.

TAB 1: PLAN OF SAFE CARE

Plan of Safe Care Document
This is the main form and resource in this tool. There is a wide range of information requested on this form and many providers can help you complete this form.

Completed by:

Section	Service Provider	Mom
Demographics		•
Medical History	OB/GYN, Primary Care Provider	•
Psychiatric History	Mental Health Provider, Primary Care Provider	•
Substance Use History	Treatment Case Manager, Recovery Coach	•
Services for Substance Use	MAT Provider	•
Drug Screening Results	Provider Ordering Test,Recovery Coach	•
Family Supports	Recovery Coach, Social Worker, Case Manager	•
Infant Information	Pediatrician	•
Referrals & Services	Recovery Coach, Social Worker, Case Manager	•
Relapse Prevention Plan	Recovery Coach, Social Worker, Case Manager	•

Additional Children
This form should be completed for each of your children. This will help your providers identify additional supports your child(ren) might need.

Completed by: Mom and pediatrician or case manager

How to Introduce Your Plan of Safe Care to a Provider
This documents provides language to use and answers to frequently asked questions to help you when introducing the Plan of Safe Care to a new provider.

TAB 2: CONTACTS

Communication Log, Contact List & Business Card Sleeve
In this tab you can keep track of who you talk to and keep a list of your providers and their contact information. There is also a place for you to keep their business cards.

Completed by: Service providers and Mom

TAB 3: CONSENTS & RELEASE OF INFORMATION

Consent Log
This log will help you keep track of where you have signed a consent or release of information form. You can place copiesof all signed forms in this tab.

Consent and Release of Information FAQs
This resource answers common questions about consent and release of information forms, including what they are used forand questions you may want to ask.

Completed by: Service providers and Mom

TAB 4: CHILD RESOURCES

Choosing a Pediatrician Interview Guide
This interview guide is intended to help you choose a pediatrician that is in sync with your parenting style and needs. You can use this guide to help you interview and selectthe pediatrician right for you, your child, and your family.

Completed by: Mom

Parenting Action Plan (if provided)
The Parenting Action Plan booklet provides helpful resourcesand parenting tips.

TAB 5: APPOINTMENT AND VISIT SUMMARIES

Appointment Log
This log will help you keep track of appointments for you and your child(ren). This tab is where you can put all of your after-visit summaries and appointment documents.

Completed by: Mom

TAB 6: CERTIFICATES AND ACCOMPLISHMENTS

Certificates and Accomplishments Log
This log is a great way to track your accomplishments. List activities you feel proud of and place program certificates here.

Completed by: Mom

TIPS & TRICKS

- Update your portfolio on a routine basis.
- Take your portfolio binder with you to all appointments, relevant meetings, hearings, and to the hospital when you deliver your baby.
- Do not leave your portfolio or any of the documents with your providers. Ask that they make a copy.
- Remember that it is OK not to answer all questions or share this with people you do not trust.

UPDATE LOG

It is important to review and update your Plan of Safe Care regularly. Please use this log to track when it was updated, who helped, and which sections were changed.

Date	Name and Organization of Provider	Section Updated									
		Maternal Demographics	Medical History	Psychiatric History	Substance Use History	Services for Substance Use	Drug Screening Results	Family Supports	Infant Information	Referrals and Services	Relapse Prevention Plan
2/29/21	*Dr. Doe, Doe Clinic*		✓	✓			✓				

PLAN OF SAFE CARE

Plans of Safe Care address the physical health, mental health, substance use disorder treatment, and social needs of families. These plans are intended to be completed with the mother and family in coordination with all providers the mom and family are working with, including but not limited to: OB/GYN, pediatrician, mental health provider, social worker, case manager, recovery coach, parenting coach, etc.

MATERNAL DEMOGRAPHICS

Name:		Date of Birth:	
Current Living Arrangement: ☐Rent/Own a Home ☐Homeless ☐Living with Relatives or Friends ☐Residential Treatment Center ☐Correctional Facility ☐Emergency Shelter ☐Other _____			
Street Address:			
City:	State:	Zip Code:	County:
Primary Phone Numbers:			
Emergency Contact:	Phone Number:		Relationship:
Marital Status/ Estado Civil: ☐ Single ☐Married ☐Divorced ☐Widowed ☐Separated			
Insurance Plan:		Effective Date:	
Subscriber ID:		Group ID:	

MATERNAL MEDICAL HISTORY

PRENATAL CARE (FOR CURRENT OR MOST RECENT PREGNANCY) — Complete with: OB/GYN

Gestational Age at Entry of Care:	Due Date: Delivery Date:
Planned Mode of Delivery: ☐ Vaginal ☐Cesarean	Actual Mode of Delivery: ☐ Vaginal ☐Cesarean
Attended Postpartum Visit: ☐ Yes ☐ No If so, Location: Date Completed:	

OBSTETRIC HISTORY		Describe Any Complications During Prior Pregnancies:
Total Number of Pregnancies:		
Number of Live Births:		
Number of Children Currently Living with Mother:		

MEDICAL PROBLEMS REQUIRING ONGOING CARE — Complete with: OB/GYN or Primary Care Provider

Diagnoses:

PLAN OF SAFE CARE

CURRENT MEDICATION LIST — **Complete with: OB/GYN or Primary Care Provider**

Medications	Dose	Prescriber	Notes

Notes:

PSYCHIATRIC HISTORY — **Complete with: OB/GYN, Primary Care Provider, or Mental Health Provider**

Provider	Phone Number	Diagnosis	Date of Diagnosis

Are you currently taking any medications for these diagnoses? ☐Yes ☐No
Please, describe:

Notes:

PLAN OF SAFE CARE

SUBSTANCE USE HISTORY			**Complete with: Treatment Case Manager, Recovery Coach**
	Ever Used	**Used During Pregnancy**	**Date Last Used**
Alcohol	☐Yes ☐No	☐Yes ☐No	
Amphetamines (ex. Adderall, "meth")	☐Yes ☐No	☐Yes ☐No	
Benzodiazepines (ex. Xanax)	☐Yes ☐No	☐Yes ☐No	
Cannabis ("marijuana")	☐Yes ☐No	☐Yes ☐No	
Cocaine	☐Yes ☐No	☐Yes ☐No	
Heroin	☐Yes ☐No	☐Yes ☐No	
Kush (synthetic marijuana)	☐Yes ☐No	☐Yes ☐No	
Prescription Drugs (ex. pain medications)	☐Yes ☐No	☐Yes ☐No	
Tobacco	☐Yes ☐No	☐Yes ☐No	
Other:	☐Yes ☐No	☐Yes ☐No	
Other:	☐Yes ☐No	☐Yes ☐No	
Notes:			

MEDICAL SERVICES FOR SUBSTANCE USE	**Complete with: MAT Provider**
Medication Assisted Treatment (MAT) Engaged: ☐ Never ☐ Currently ☐ Prior MAT use Date of Last use:	
Medication(s), Dose(s), and Date(s):	Name and Contact Information for MAT Clinic:
Addiction Medicine Services: ☐ Never ☐ Currently ☐ Prior, Date of Last Appointment:	
Name and Contact Information for Addiction Medicine Clinic:	
Notes	

PLAN OF SAFE CARE

DRUG SCREENING RESULTS — **Complete with: Provider ordering UDS, Recovery Coach, etc.**

Date Collected	**Ordered by** (Provider and Location)	**Results**	**Provider Reviewed with You**	**If Positive, Specify Results**
		☐ Positive ☐ Negative	☐ Yes ☐ No Date:	
		☐ Positive ☐ Negative	☐ Yes ☐ No Date:	
		☐ Positive ☐ Negative	☐ Yes ☐ No Date:	
		☐ Positive ☐ Negative	☐ Yes ☐ No Date:	
		☐ Positive ☐ Negative	☐ Yes ☐ No Date:	
		☐ Positive ☐ Negative	☐ Yes ☐ No Date:	
		☐ Positive ☐ Negative	☐ Yes ☐ No Date:	
		☐ Positive ☐ Negative	☐ Yes ☐ No Date:	
		☐ Positive ☐ Negative	☐ Yes ☐ No Date:	
		☐ Positive ☐ Negative	☐ Yes ☐ No Date:	
		☐ Positive ☐ Negative	☐ Yes ☐ No Date:	
		☐ Positive ☐ Negative	☐ Yes ☐ No Date:	
		☐ Positive ☐ Negative	☐ Yes ☐ No Date:	
		☐ Positive ☐ Negative	☐ Yes ☐ No Date:	
		☐ Positive ☐ Negative	☐ Yes ☐ No Date:	
		☐ Positive ☐ Negative	☐ Yes ☐ No Date:	
		☐ Positive ☐ Negative	☐ Yes ☐ No Date:	
		☐ Positive ☐ Negative	☐ Yes ☐ No Date:	
		☐ Positive ☐ Negative	☐ Yes ☐ No Date:	

PLAN OF SAFE CARE

FAMILY & SUPPORTS		**Complete with: Recovery Coach, Social Worker, Case Manager, etc.**
CURRENT LIVING ARRANGEMENT		
List of People Living in the Home	Date of Birth	Relation
List of Children **NOT** Living in the Home	Date of Birth	Caregiver and Contact Number

Notes:

PLAN OF SAFE CARE

CURRENT SUPPORT SYSTEM (PARTNER, FAMILY, FRIENDS, FAITH COMMUNITY, RECOVERY, COMMUNITY, ETC.)
YOUR STRENGTHS
YOUR GOALS (PARENTING, BREASTFEEDING, RECOVERY, ETC.)

PLAN OF SAFE CARE

INFANT INFORMATION		**Complete with: Pediatrician**
Child's Name:		
Date of Birth:		Sex: ☐Male ☐Female
Birth Weight:	Gestational Age at Birth:	NICU ☐No ☐Yes, Length of stay:
Pediatrician Name and Contact Info:		
Infant Urine Drug Screening at Birth: ☐Not Completed ☐ Negative ☐Positive *Specify:*		
Meconium Results: ☐Not Completed ☐ Negative ☐ Pending ☐Positive *Specify:*		
Neonatal Opioid Withdraw/Neonatal Abstinence Syndrome : ☐No ☐Yes Treatment Method:		
Diagnoses, Problems, and Additional Information:		

INFANT CARE NEEDS

Item	**Yes**	**No**	**Pending**	**Notes**
Breast Pump	☐	☐	☐	
Breastfeeding Support	☐	☐	☐	
Car Seat	☐	☐	☐	
Childcare	☐	☐	☐	
Clothing	☐	☐	☐	
Crib	☐	☐	☐	
Diapers	☐	☐	☐	
Infant Formula	☐	☐	☐	
Infant Stroller	☐	☐	☐	
Other:	☐	☐	☐	

Where Will Baby Sleep: ☐Crib or Bassinet ☐Sharing a Bed with Others ☐Other, *specify:*_____

Notes:

*You can use the Additional Children's Form to record information on other children.

PLAN OF SAFE CARE

INFANT'S MEDICATIONS

Medication	Dose	Prescriber	Notes

Notes:

INFANT'S FATHER DEMOGRAPHICS

Name:		Date of Birth:
Street Address:		
City:	State:	Zip Code:
Primary Phone Numbers:		
Will be/Is involved in baby's life? ☐Yes ☐No ☐Unsure Comments:		

Notes:

PLAN OF SAFE CARE

REFERRALS AND SERVICES

Check box(es) for all applicable services currently engaged and new referrals needed for infant, mother, and family.

Complete with: Recovery Coach, Social Worker, Case Manager, etc.

Service or Program	Discussed	Needed	Referred	Participating	Completed	N/A	Organization and Contact Information
SUPPORT SERVICES							
Parenting Classes							
Transportation Services							
SSI or Disability							
Temporary Assistance for Needy Families (TANF)							
Personal Safety							
Home Visitation Program							
Housing Assistance							
Healthy Start Program							
Other:							
Other:							
FOOD & NUTRITION							
Breastfeeding Support							
Local Food Pantries							
SNAP							
Women, **I**nfants, & **C**hildren (WIC)							
Other:							
Other:							
HEALTHCARE							
Health Insurance Enrollment							
Prenatal Healthcare							
Family Planning							
Primary Care							
Mental Health or Counseling							
Smoking Cessation							
Other:							
Other:							
SUBSTANCE USE SERVICES							
Residential							
Outpatient							
Caring for Two Program							
The Cradles Project							
Recovery Support Services							
Medication-Assisted Treatment (MAT)							
Other:							
Other:							

PLAN OF SAFE CARE

Service or Program	Discussed	Needed	Referred	Participating	Completed	N/A	Organization and Contact Information
CHILD RELATED							
Early Childhood Intervention (ECI)							
Early Head Start							
NCI (Childcare Subsidy)							
Pediatrician or Primary Care							
Safe Sleep Education							
Other:							
Other:							
LEGAL ASSISTANCE							
Child Protective Service							
Legal Aid							
Specialty Court, specify:							
Other:							
Other:							

Notes:

PLAN OF SAFE CARE

RELAPSE PREVENTION PLAN	Complete with: Recovery Coach, Social Worker, Case Manager, etc.
List 3 things that you know trigger your desire to use	
List 3 skills or things you enjoy doing that can help get your mind off using	
List 3 people you can talk to if you are thinking about using	
In the case I relapse, my safe caregivers will be: A safe caregiver is a person you choose to leave your baby within case of a relapse. Ensure the safe caregiver you choose has patience with your baby and a safe place for your baby to sleep. Also, they should not have a history of violence or drug/alcohol abuse. I have spoken to these people and they support me:	

SAFE CAREGIVERS	
Name:	Name:
Contact Number:	Contact Number:
Relationship:	Relationship:

NALOXONE (OPIOID REVERSAL MEDICATION)

Please check the box that applies for each statement

I have Naloxone (opioid overdose reversal drug), and I know how to use it. ☐Yes ☐No

I have a support person who has Naloxone (opioid overdose drug) and knows how to use it. ☐Yes ☐No

Comments:

ADDITIONAL CHILDREN

Complete this form for each of your children to provide information about them to your providers. Update as needed.

Date Created: _____

CHILD DEMOGRAPHICS		
Child's Name:		
Date of Birth	Sex: ☐ Female ☐ Male	
Current Address:	Phone Number:	
City:	State:	Zip Code
Who is the child currently living with? Select all that apply: ☐ Mother ☐Father/ Padre ☐Grandparents ☐Sibling(s) ☐ Foster Family ☐ Other: _____		
Fathers Name:	Is the father involved in the child's life? ☐Yes ☐No	
Address:	Phone Number:	
Insurance Plan:	Effective Date:	
Subscriber ID:	Group ID:	

MEDICAL HISTORY	
Primary Care Provider:	Organization:
Address:	
Phone Number:	

EXISTING MEDICAL CONDITIONS AND MEDICATIONS
Medical History *(medical conditions, medications, surgeries, etc.*)
Do you have any concerns about your child's <u>physical, mental or behavioral</u> health?

EDUCATION HISTORY AND COMMUNITY LINKAGE	
What school does your child attend	Current Grade:
List any difficulties or services your child has received (speech therapy, reading difficulties, dyslexia, special education, etc.)	
Does your child have a relationship with his/her school counselor/social worker/psychologist? ☐Yes ☐No	
Is your child involved with the court/legal system? ☐Yes ☐No	
Has your child had any involvement with Child Protective Service (CPS) ☐ Yes, <u>Currently</u> Involved with CPS ☐ Yes, <u>Previously</u> Involved with CPS ☐ No, Never	
Caseworker:	Phone Number:
Is there any other information about your child you would like us to be aware of?	

INTRODUCING YOUR PLAN OF SAFE CARE TO A PROVIDER

It can be hard to openly share personal challenges with doctors, nurses, case managers, and other service providers. We encourage you to share your Plan of Safe Care with all of your health and service providers. Knowing your difficulties and family's challenges can help them best support you and your family. However, you may not feel comfortable (yet) disclosing all of your history or even why you chose to start a Plan of Safe Care. This is ok. Remember, this is your plan and you get to choose who you share it with, when, and how much you share.

We encourage you to prepare for your first visit by identifying essential information you would like to disclose to help your providers better care for you and your baby. ***To help you start the conversation, we developed a few prompts.*** Use the one you feel most comfortable with or best describes your situation.

Generic introduction for those you don't feel comfortable sharing too much information with:

> **My family has a lot going on right now. To help me keep track of everything we are doing, I am using this tool called the Plan of Safe Care. I keep everything here in this binder. Would you be willing to help me complete this section** [show the provider the section(s) they can help you with] **and give me your business card?**

If you have a substance use issue and are willing to share that information:

> **You may or may not know but I have a history of substance use, and I am actively working towards my recovery. To help me, I have decided to build a Plan of Safe Care to help me organize and keep track of everything I am doing as part of my recovery. This tool can also help those I am working with know more about my history, my strengths and goals, and what services I have complete and those I still need help with. As part of our visit today, I would like to share my plan with you and have you help me complete some questions. I would also like to put your business card in my binder so I can always know how to reach your office.**

If you have an open child welfare (CPS) case and are willing to share that information:

> **My family has a lot going on right now. I am working with the Department of Family and Protective Services to ensure my children and family are safe and healthy. As part of this work, I am using a tool called the Plan of Safe Care to help me organize and keep track of everything I am doing. This tool can also help those I am working with know more about my history, my strengths and goals, and what services I have complete and those I still need help with. As part of our visit today, I would like to share my plan with you and have you help me complete some questions. I would also like to put your business card in my binder so I can always know how to reach your office.**

Consent/Permission to Share Information – If you think your CPS caseworker or another service provider would want to contact this provider, you may ask if they have a form for you to sign to give them permission to do this.

> **I think my** [CPS caseworker, lawyer, recovery coach, insert name of provider] **will want to talk with you about my care here. Do you have a specific form I need to sign to give you permission to talk with them? I would also like a copy of that form to keep in my Plan of Safe Care.**

What if they ask me more about the Plan of Safe Care and what is its purpose?

> **A Plan of Safe Care is a tool designed to help me demonstrate my progress and easily communicate what I have done and what I need from the people I am working with. My Plan of Safe Care will focus on my baby's health, development, and safety, as well as my family's physical and emotional health, substance use disorder treatment, parenting ability, and readiness to care for my baby. My portfolio can also be seen as a "recovery resume" and will help me communicate all of the work and preparations I have made for myself and my baby.**

COMMUNICATIONS LOG

It may be helpful to you to keep notes on important conversations and communications you have had regarding your pregnancy, your recovery, your health or the health of your child(ren), services you are trying to receive, etc. Keep notes here and add extra pages if needed.

Date/Time	Method	Organization or Person	Purpose	Notes	Follow Up Needed
__/__/___ ________	☐ Phone ☐ Email/letter ☐ In Person ☐ Video call ☐ Other				☐ Yes ☐ No
__/__/___ ________	☐ Phone ☐ Email/letter ☐ In Person ☐ Video call ☐ Other				☐ Yes ☐ No
__/__/___ ________	☐ Phone ☐ Email/letter ☐ In Person ☐ Video call ☐ Other				☐ Yes ☐ No
__/__/___ ________	☐ Phone ☐ Email/letter ☐ In Person ☐ Video call ☐ Other				☐ Yes ☐ No
__/__/___ ________	☐ Phone ☐ Email/letter ☐ In Person ☐ Video call ☐ Other				☐ Yes ☐ No
__/__/___ ________	☐ Phone ☐ Email/letter ☐ In Person ☐ Video call ☐ Other				☐ Yes ☐ No
__/__/___ ________	☐ Phone ☐ Email/letter ☐ In Person ☐ Video call ☐ Other				☐ Yes ☐ No

COMMUNICATIONS LOG

Date/Time	Method	Organization or Person	Purpose	Notes	Follow Up Needed
__/__/___ ________	☐ Phone ☐ Email/letter ☐ In Person ☐ Video call ☐ Other				☐ Yes ☐ No
__/__/___ ________	☐ Phone ☐ Email/letter ☐ In Person ☐ Video call ☐ Other				☐ Yes ☐ No
__/__/___ ________	☐ Phone ☐ Email/letter ☐ In Person ☐ Video call ☐ Other				☐ Yes ☐ No
__/__/___ ________	☐ Phone ☐ Email/letter ☐ In Person ☐ Video call ☐ Other				☐ Yes ☐ No
__/__/___ ________	☐ Phone ☐ Email/letter ☐ In Person ☐ Video call ☐ Other				☐ Yes ☐ No
__/__/___ ________	☐ Phone ☐ Email/letter ☐ In Person ☐ Video call ☐ Other				☐ Yes ☐ No
__/__/___ ________	☐ Phone ☐ Email/letter ☐ In Person ☐ Video call ☐ Other				☐ Yes ☐ No

CONTACT LIST

The goal of the Plan of Safe Care Contact List is to ensure coordination among the providers caring for you and your newborn. Please fill in provider and program name(s)plus contact information.

PRIMARY CARE PHYSICIAN

Provider:
Organization:
Address:

Phone Number:
Notes:

SUBSTANCE USE DISORDER TREATMENT PROVIDER

Provider:
Organization:
Address:

Phone Number:
Notes:

PRENATAL CARE PROVIDER (OB/GYN)

Provider:
Organization:
Address:

Phone Number:
Notes:

MEDICATION ASSISTED TREATMENT (MAT)

Provider:
Organization:
Address:

Phone Number:
Notes:

PEDIATRICIAN

Provider:
Organization:
Address:

Phone Number:
Notes:

ADDITIONAL RECOVERY SUPPORT

Provider:
Organization:
Address:

Phone Number:
Notes:

CHILD WELFARE ("CPS") CASEWORKER

Provider:
Organization:
Address:

Phone Number:
Notes:

MENTAL HEALTH PROVIDER

Provider:
Organization:
Address:

Phone Number:
Notes:

OTHER

Provider:
Organization:
Address:

Phone Number:
Notes:

OTHER

Provider:
Organization:
Address:

Phone Number:
Notes:

CONTACT LIST

OTHER
Provider:
Organization:
Address:

Phone Number:
Notes:

OTHER
Provider:
Organization:
Address:

Phone Number:
Notes:

OTHER
Provider:
Organization:
Address:

Phone Number:
Notes:

OTHER
Provider:
Organization:
Address:

Phone Number:
Notes:

OTHER
Provider:
Organization:
Address:

Phone Number:
Notes:

OTHER
Provider:
Organization:
Address:

Phone Number:
Notes:

OTHER
Provider:
Organization:
Address:

Phone Number:
Notes:

OTHER
Provider:
Organization:
Address:

Phone Number:
Notes:

OTHER
Provider:
Organization:
Address:

Phone Number:
Notes:

OTHER
Provider:
Organization:
Address:

Phone Number:
Notes:

CONSENT AND RELEASE OF INFORMATION FAQs

Release of information and consent forms can sometimes be confusing. Understanding what theyare used for and what your rights are is very important in helping you decide which form(s) you may or may not want to sign.

What is a release of information form?

A release of information form is a form you sign to allow one provider to release information to another provider. Usually, there is a place on the form to indicate what information can and cannotbe shared. For example, you may sign a release of information form allowing your OB/GYN to share the results of your annual exam with your primary care provider.

What is a consent form?

A consent form is a form a doctor or community service provider might ask you to sign to givethem permission to: collect information from you, use information you provide, provide a specificservice to you, or explain the risks of a certain procedure.

What does it mean if I sign a release of information or consent form?

Signing a release of information form gives a doctor or service provider permission to share specific information with another provider. The form should include the specific information to be shared. Signing a consent form gives a doctor or service provider permission to do something (a procedure, collect or share information, etc.), and/or indicates you understand the risk(s) involvedin a procedure. Your signature on a consent form means you understand what is being asked and any possible risks.

When (or where) might I be asked to sign a release of information or consent form?

Your doctor or community service provider might ask you to sign one of these forms when you area new patient/client, a new service is offered, a new procedure needs to be done, or you ask them to share your information with someone for you.

Why would I want to sign a release of information or consent form?

Doctors and other providers usually cannot share your information without your permission. Forexample, if you change doctors you will need to sign a release of information form for your old doctor to share your records with your new doctor.

Do I have to sign a release of information or consent forms?

You do not have to sign a release of information or consent form if you do not want to. However, signing these forms can benefit you. It may be helpful to ask what the form is for and why it is needed.

Can I change my mind after I sign a release of information or consent form?

Yes, you can let the provider know you want to remove or revoke your permission.

Can I ask questions?

YES! If you do not understand what information will be shared, who it will be shared with, and whyit is needed—ASK these questions. You have every right to know before making a decision.

CONSENTS AND RELEASE OF INFORMATION

This form is intended to help you keep track of the Consents and Release of Information Forms you have signed with service providers involved in your Plan of Safe Care. This is NOT a consent form and does not give permission for organizations to share your information. You should receive a copy of any consent or release of information form you sign. You can store them in this section of your portfolio to keep track of them.

Date	Organization	Description

When should I start looking for a Pediatrician?
It is never too early to look for a pediatrician and pediatric clinic that is right for you. Choosing a pediatrician before your baby is born will help you feel confident about yourbaby's care. Plus, knowing you have chosen the right doctor will help you feel calmer andmore in control. A little advance planning now will reduce future stress so you can enjoy your pregnancy as your due date approaches.

Choosing a Pediatrician who meets your needs

We recommend scheduling an interview to meet the pediatricians you are considering before your baby's birth. This will help you determine whether the pediatrician is in sync with your parenting style and principles. These "meet and greets" are a great opportunityto be honest about topics that are important to you.

The goal of your interview is to decide whether the pediatrician is the right match for youand your baby.

Questions for the office staff

- Do you accept my health insurance and are you "in-network?"
- What are the office hours? Are there evening or weekend hours to accommodate working parents?
- Does the pediatrician speak multiple languages?
- Does the practice have an after-hours answering service? Or emergency coverage?
- Do you offer same day appointments?
- On average, how long is the wait time in the waiting room?
- What services do you provide for postpartum depression and other maternal health issues?
- How close is the office to public transportation?

Decide what is important to you and do your research

Think about what things are most important to you and that are "must haves" for your pediatric office. Write these down and be sure to ask about them specifically. Ask familymembers, friends, and coworkers for recommendations.

It's a good idea to make sure the pediatricians you would like to interview are board- certified. Board-certified pediatricians have completed not only medical school and residency programs in pediatrics, they've also passed a rigorous exam given by the American Board of Pediatrics. To remain board-certified, pediatricians must continue theireducation through classes and workshops, demonstrate quality patient care and maintaina valid medical license to demonstrate they are up-to-date on the most current medicalpractices, knowledge, and skills for children of all ages. To check to see if the pediatrician you like is board-certified, go to https://www.abp.org/content/verification-certification.

CHOOSING A PEDIATRICIAN

The following is a list of interview questions to help you narrow down your search fora pediatrician. Use this as a guide to make sure you make a good, informed decision.

There are no “right” or “wrong” answers, as every family’s priorities and preferences aredifferent. This tool is to ensure you pick a doctor who meets your needs.

How long have you been in practice? Are you a member of the American Academy of Pediatrics?

Why did you choose to become a pediatrician?

Is this a solo or group practice? If group, how often will we see other doctors in the practice?

Who are the doctors who will care for my child if you are not available?

Will your initial meeting with my baby be at the hospital or at their first well-child checkup?

Do you have a subspecialty or area of pediatric interest? If so, what is it?

If I have routine/non-emergency questions, who should I contact and when?

Where do you stand on the below topics:
Breastfeeding/Formula: _____
Childcare: _____
Sleep: _____
Vaccinations: _____
Other: _____

Do you and your staff practice trauma informed care?

What other services are offered at your clinic?

If my child needs to see a specialist, how do you handle referrals?

How far in advance do well-child appointments need to be scheduled?

Does the practice have an after-hours answering service?

If you are not available on the phone, who will handle my questions? Do you respond to questions by email?

Other questions you want to ask:

APPOINTMENT LOG

Mother	Child	Organization or Specialty	Provider Name & Contact Number	Appointment Date and Time	Notes
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				

2021

January

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

2022

January

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

February

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

March

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

April

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

June

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

July

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

CERTIFICATES AND ACCOMPLISHMENTS

Keep track of all the things you are doing to keep yourself and your family safe and healthy. Add your certificates to this tab and list any accomplishment you feel proud of and want to share and remember.

Date	Certificate or Accomplishment	Description/Notes

NOTES

NOTES