

CARE NOTEBOOK

THIS NOTEBOOK IS FOR:

NEVADA DISABILITY ADVOCACY AND LAW CENTER

THE PROTECTION AND ADVOCACY SYSTEM FOR NEVADA



**NEVADA DISABILITY
ADVOCACY & LAW CENTER**

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CARE NOTEBOOK

The Care Notebook is an organizing tool for families who have children with special health care needs. The goal is to provide a central location for important information regarding your child's disability.

Record keeping is a must when parenting a child with special health care needs.

Nevada Disability Advocacy & Law Center (NDALC) has created this notebook to provide an invaluable reference tool that will make keeping your child's records easy and convenient.

The pages are available at www.ndalc.org for downloading.

This publication is for informational purposes only; it is not intended to be legal advice. If you have questions about a specific situation please contact NDALC or a private attorney.



Family Information

Child's Name: _____ Nickname: _____

Diagnosis: _____ Blood Type: _____

Height: _____ Weight: _____

Mother's Name:

Address:

Daytime Phone: _____ Evening Phone: _____

Father's Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Legal Guardian: _____

Daytime Phone: _____ Evening Phone: _____

Other household members: _____

Important Family Information:

Language(s) spoken at home: _____

Interpreter Needed? Yes: ___ No: ___

Preferred interpreter? Name: _____ Phone: _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____



Allergies

Allergy	Type of Reaction	Date



SURGERIES OR PROCEDURES

Type of surgery/procedure	Surgeon/Physician/Hospital	Date(s)

HOSPITAL ADMISSIONS (FOR REASONS OTHER THAN SURGERY)

Reason for admission	Hospital	Date(s)



Insurance, Etc.

* Insurance Name: _____
Policy Number: _____
Contact Person/Title: _____
Address: _____

Phone: _____ Fax: _____

* Medicaid (HMO Name if applicable – this is the company name that appears above your child’s name and ID Number on the Medicaid Identification Card): _____
Policy Number: _____
Contact Person/Title: _____
Address: _____

Phone: _____ Fax: _____

* Insurance Name: _____
Policy Number: _____
Contact Person/Title: _____
Address: _____
Phone: _____ Fax: _____ Website/Email: _____

* Supplemental Security Income (SSI): _____
Contact Person/Title: _____
Address: _____
Phone: _____ Fax: _____ Website/Email: _____

* Other: _____
Contact Person/Title: _____
Address: _____
Phone: _____ Fax: _____ Website/Email: _____

* Other: _____
Contact Person/Title: _____
Address: _____
Phone: _____ Fax: _____ Website/Email: _____



Health Care Providers

Primary Medical Provider _____
Address _____
City _____ State _____ Zip _____
Phone () _____
Email _____

Preferred Hospital _____
Address _____
City _____ State _____ Zip _____
Phone () _____
Email _____

Specialty Hospital _____
Address _____
City _____ State _____ Zip _____
Phone () _____
Email _____

Specialist Name _____ **Type** _____
Clinic/Hospital _____
Address _____
City _____ State _____ Zip _____
Phone () _____
Email _____

Specialist Name _____ **Type** _____
Clinic/Hospital _____
Address _____
City _____ State _____ Zip _____
Phone () _____
Email _____



Specialist Name _____ **Type** _____
Clinic/Hospital _____
Address _____
City _____ **State** _____ **Zip** _____
Phone () _____
Email _____

Specialist Name _____ **Type** _____
Clinic/Hospital _____
Address _____
City _____ **State** _____ **City** _____
Phone () _____
Email _____

Specialist Name _____ **Type** _____
Clinic/Hospital _____
Address _____
City _____ **State** _____ **City** _____
Phone () _____
Email _____

Dentist Name _____
Address _____
City _____ **State** _____ **Zip** _____
Phone () _____
Email _____

Eye Doctor Name _____
Address _____
City _____ **State** _____ **Zip** _____
Phone () _____
Email _____



Public Health Nurse _____
Address _____
City _____ State _____ Zip _____
Phone () _____
Email _____

Nutritionist _____
Address _____
City _____ State _____ Zip _____
Phone () _____
Email _____

Social Worker _____
Address _____
City _____ State _____ Zip _____
Phone () _____
Email _____

Healthy Families Contact _____
Address _____
City _____ State _____ Zip _____
Phone () _____
Email _____

Home Health Agency _____
Start Date _____ End Date _____
Contact Person _____
Address _____
City _____ State _____ Zip _____
Phone () _____
Email _____

Home Health Agency _____
Start Date _____ End Date _____
Contact Person _____
Address _____
City _____ State _____ Zip _____
Phone () _____
Email _____



Home Health Agency _____

Start Date _____ End Date _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone () _____

Email _____

Pharmacy _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone () _____

Email _____

Pharmacy _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone () _____

Email _____

Occupational Therapist (OT) _____

Start Date _____ End Date _____

Agency _____

Address _____

City _____ State _____ Zip _____

Phone () _____

Email _____

Physical Therapist (PT) _____

Start Date _____ End Date _____

Agency _____

Address _____

City _____ State _____ Zip _____

Phone () _____

Email _____



Speech-Language Pathologist _____

Start Date _____ End Date _____

Agency _____

Address _____

City _____ State _____ Zip _____

Phone () _____

Email _____

Other Therapist _____

Start Date _____ End Date _____

Agency _____

Address _____

City _____ State _____ Zip _____

Phone () _____

Email _____

Other Therapist _____

Start Date _____ End Date _____

Agency _____

Address _____

City _____ State _____ Zip _____

Phone () _____

Email _____

Respite Care Provider _____

Start Date _____ End Date _____

Agency _____

Address _____

City _____ State _____ Zip _____

Phone () _____

Email _____



Contact Log

Date	Name of Person Contacted	What was Discussed



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SCHOOL CONTACTS

- **School District:** _____
Address: _____

Phone: _____ Fax: _____ Email: _____

- **Special Education Coordinator:** _____
Address: _____
Phone: _____ Fax: _____ Email: _____

- **504 Accommodation Plan Coordinator:** _____
Address: _____
Phone: _____ Fax: _____ Email: _____

- **District Nurse assigned to your child's school:** _____
Address: _____
Phone: _____ Fax: _____ Email: _____

- **School / Preschool:** _____
Address: _____
Phone: _____ Fax: _____ Email: _____

- **Principal / Administrator:** _____
Phone: _____ Fax: _____ Email: _____



SCHOOL CONTACTS...continued

• **Classroom Teacher:** _____
Phone: _____ Fax: _____ Email: _____

• **Resource Instructor:** _____
Phone: _____ Fax: _____ Email: _____

• **Aide / Assistant / Intervener:** _____
Phone: _____ Fax: _____ Email: _____

• **Special Education Director / Teacher(s):** _____
Phone: _____ Fax: _____ Email: _____

• **Therapist(s):** _____
Phone: _____ Fax: _____ Email: _____

• **Other Contacts:** _____



Nevada Disability Advocacy & Law Center

Southern Office

2820 W Charleston Blvd, Suite B - 11
Las Vegas, NV 89102

Phone: (702) 257-8150 or 1-888-349-3843

Nevada Relay: 711

Fax: (702)-257-8170

lasvegas@ndalc.org

Northern Office

1875 Plumas Street, Suite 1
Reno, NV 89509

Phone: (775) 333-7878 or 1-800-992-5715

Nevada Relay: 711

Fax: (775) 786-2520

reno@ndalc.org

Elko Office

905 Railroad Street, Suite 104B
Elko, NV 89801

Phone: (775) 777-1590 or 1-800-992-5715

Nevada Relay: 711

Fax: (775) 753-1690

elko@ndalc.org

www.ndalc.org

Nevada Disability Advocacy & Law Center (NDALC) is a private, statewide non-profit organization that serves as Nevada's federally-mandated protection and advocacy system for human, legal, and service rights for individuals with disabilities. NDALC was designated as Nevada's protection and advocacy system by the Governor in March, 1995.

Services provided by NDALC include, but are not limited to: information and referral services, education, training, negotiation, mediation, investigation of reported or suspected abuse/neglect, legal counsel, technical assistance, and public policy work.

NDALC has offices in Las Vegas, Reno, and Elko with services provided statewide. All services are offered at no cost to eligible individuals in accordance with NDALC's available resources and service priorities.

