

This interactive form contains fields that you can select or fill in. Follow these tips to enter and save your information.

Mobile Devices and Tablets

You can edit and save this interactive form using the free Dropbox and Adobe apps. To edit the form using Dropbox and the Adobe Acrobat app:

1. Open a PDF file with the Dropbox app on your mobile device.
2. Tap the edit icon (a piece of paper and a pen). You'll be prompted to install the Adobe Acrobat app, and then will be taken to the app store.
3. Once Adobe Acrobat is installed, go back to your Dropbox app and either tap Next on the screen indicating that installation is complete or, if you don't see that screen, tap the edit icon again.
4. You'll be taken to the Adobe Acrobat app, and prompted to authorize that the Adobe Acrobat app can access your Dropbox.
5. Your file will open in the Adobe Acrobat app, where you can view or edit the PDF.
6. When you finish editing, tap the back arrow to save. You'll be taken to your Dropbox where the updated file will be saved.

Computers



Interactive fillable form

A. Purple message bar indicates presence of fillable fields. **B.** When clicked, shows where fillable fields exist.

Moving within the Forms — Use your mouse or pointing device to select icons, buttons, checkboxes, menu items and to select a space to enter information. Use the scroll bar to view more of the form you have selected.

(Optional) To make form fields easier to identify, click the Highlight Existing Fields button on the document message bar. Form fields appear with a colored background (light blue by default), and all required form fields are outlined in another color (red by default).

Entering your Information — Placing your mouse or pointing device over an entry area may display text about what to enter. You may also use the tab key to navigate through the form. To move backward to a previous area, hold down shift and then push the tab key.

Manual Entry Fields — Select an area to enter information and a blue box will surround it, with a blinking vertical line to indicate where you are entering your information.

Save forms -To save the completed form, choose File > Save As and rename the file.

CHAPTER EIGHT

DEALING WITH HEALTH CARE CONCERNS

Good health care is important to everyone. For persons with disabilities extra attention must be given to maintain good health and catch health problems early. It may be difficult for your family member to identify and convey potential health problems to you. Not understanding what will happen during a doctor's visit may cause resistance to future visits. Primary caregivers may be unaware of what each annual checkup should require or be uncertain about when a condition is an emergency. This chapter gives some suggestions about how to handle situations related to maintaining quality health care and recognizing emergencies.

When there is a family member with a disability, primary caregivers as well as medical professionals have an added responsibility to see that the individual receives quality health care. This includes understanding what quality health care is, knowing what can be anticipated because of the person's disability, and maintaining adequate records for others who will have the responsibility as care providers in the future. Federal rules through HIPAA (Health Insurance Portability Accountability Act) require individual permission regarding sharing of medical records and information with anyone.

THE BUILDING BLOCKS OF QUALITY CARE

Appropriate Communication

It is important that health care providers be skilled in dealing with individuals with disabilities. They should be able to give you and your family member confidence in their knowledge and abilities. There should be opportunities for all who are involved in the health care of the individual to communicate with health care providers regarding diagnosis, proposed treatment, and anticipated outcomes.

Both health care providers and those in the individual's circle of support should speak directly to the individual receiving care in language that the person can understand.

Person-Centered Care

The needs of the individual with developmental disabilities should be placed above those of health care professionals. This may require revising the method of administering treatment to

meet the special needs of the individual. For example, it is sometimes difficult for a person with cerebral palsy to lie on an examination table without special assistance. In the course of conducting physical examinations it is important that providers give simple explanations of what the patient can expect, both in terms of loss of privacy and the degree of discomfort.



Continuity of Care

Seeing the same physician, nurse, or therapist is important to a person with a disability. Keep in mind, however, there comes a time when transition from one physician to another must occur. For example, transition occurs when a referral is made from a primary care physician to a specialist when the individual moves from one primary care physician to another, or when an 18-year-old moves from a pediatrician's care to a primary care physician. Whatever the reason for the change, the reasons for the transition should be fully explained to the patient.

Comprehensiveness of Care

To the extent possible, health care should be comprehensive. Individuals with disabilities, their family members, and medical case managers should be actively involved in and take responsibility for their care. Prevention of disease and disability should be a cornerstone of comprehensive care.

Local Provider Base

Whenever possible, health care should be provided in the community where the person lives. When it is necessary to travel outside of the community, your local physician should coordinate consultations with out-of-town specialists. Any specialist should be familiar with the medical conditions and needs of the person with a disability, and be able to provide information related to the medical condition.

THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that only allows health care providers to use or disclose protected health information for treatment, payment, and health care operation purposes.

Patients can sign a HIPAA waiver allowing doctors and other health care professionals to communicate with specifically named persons about the patient's health history and current health situation. Without this authorization, doctors are prohibited by law from discussing anything about a patient with third parties, including family members, unless the individual has been determined to be incapacitated by a court or his or her physician and the person receiving

the disclosure is the guardian, guardian advocate, medical proxy, or designated health care surrogate.

Health care professionals often cite HIPAA when refusing to disclose health information to a family member, so it is a good idea to understand whether HIPAA allows you to access information you may need.

Caregivers who are paid with Medicare or Medicaid funds are not allowed to discuss any information about the persons they serve. Even the person's name is protected and should not be disclosed.

CARE PLANS

Care plans are developed for people who live in institutions to address their medical, psychological and social needs. The individual and his or her legal representative have a right to participate in the development of a care plan. The individual can also invite family members or friends to attend care plan meetings and assist in the development of the plan. Any issue or concern should be discussed at the planning meeting and documented as a part of the plan.

For information on federally funded health insurance programs, go to Chapter 4.

CONSIDER THIS....

1. Do you participate in care plan meetings with your family member? Remember the Keys to Effective Advocacy discussed in Chapter 3.

2. Has the person considered giving a trusted family member or friend a HIPAA waiver to allow someone else access to his or her medical information?

Now that you have read through Chapter 8, you are ready to complete Section D. General Health Information of the Personal Information Summary.

Section D. General Health Information

Provide a Brief Summary of Diagnoses and Medical History _____

This section deals with health issues of the person with a disability. First gather all current medications and medical records, past and present. Addresses and phone numbers for health care providers are also needed, so have them handy. Provide as much detail as possible.

Birth Date _____ Age _____ Height _____ Feet _____ Inches

Weight (Average / Overweight / Underweight) _____

Special Diet _____

Blood Type _____ Blood Disorder _____

Name of Physician _____ Phone Number _____

Date of Last Physical _____

Who has person's medical records? Name _____

Address _____ Phone Number _____

Health Insurance

Medicare No. _____ Medicaid No. _____

Private Insurance Co. _____ Plan No. _____

Prescription Plan Provider. _____ Plan No. _____

Other Insurance _____

Does person smoke? (Yes / No) Amount _____

Drinks alcohol? (Yes / No) Amount _____

Use recreational drugs? (Yes / No) Drug Used _____

Frequency _____

Current Physicians

Name	Profession	Phone Number	Date Last Seen
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Primary Physician

Dentist

Optometrist/Ophthalmologist

Specialists and other health care providers (Therapists, Nutritionist, Nurse Practitioner, Psychologist, etc.)

Allergies (Food, Medicine or Substances)

List _____

When an allergic reaction occurs, this is what happens, and this is what should be done:

Medications

Able to take medication without assistance (Yes / No)

Describe assistance needed or special way required (e.g. crushed, with food, etc)

Knows names of own medications (Yes / No)

Recognizes own medications (Yes / No)

Knows purposes of own medications (Yes / No)

Prescription Medicines

Look at the bottles of medicines now being taken for the following information.

Copy this information on the form provided on the following page.

Remember to update when changes are made to medications.

MEDICATIONS (Prescription and Over-The-Counter)

Name of Medicine	For What Condition	Amount Given (Dosage)/ When & How Often	Side Effects	Doctor's Name/Ph#	Pharmacy Ph#

Other Health Information

Use special equipment, assistive device(s) or consumable medical product(s):

Device/Item	Vendor	Phone#	Method of Payment

Signs own consent forms for health care? (Yes / No) Copies are located at _____

Has signed an advance directive? (Yes / No) Copies are located at _____

Living Will? (Yes /No) Copies are located at _____

Health Care Surrogate Name _____ Copies are located at _____

Do not resuscitate order? (Yes / No) Copies are located at _____

Carries copies in wallet or purse? (Yes / No) *Attach copies with this Personal Information Summary

Has signed an organ/tissue donation card? (Yes / No)

Has been admitted to a hospital within the past five (5) years? (Yes / No)

Reason	Emergency (Yes / No)	Hospital (Location)	Date

Has had any surgical procedures (an operation)?

Reason	Name of Surgeon	Hospital (Location)	Date

Presently receiving physical, occupational therapy or speech?

Type of Therapy	Therapist's Name	How Often	Date Started

Presently receiving mental health services?

Type of Services	Physician's Name	How Often	Date Started

The following activity (such as, being overheated) results in seizures:

Certain activities can cause other problems (such as, ear infections). Activity and problem that results:

List preference for performing health and hygiene routines in special ways:

Task Needed	How Performed
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

List Immunizations:

Name of Immunization	Date	Booster(s) Date
Tetanus and Diphtheria	<hr/>	<hr/>
Measles	<hr/>	<hr/>
Hepatitis B	<hr/>	<hr/>
Flu Shot (Influenza)	<hr/>	<hr/>
Pneumonia (pneumonococcus)	<hr/>	<hr/>

Provide any special diet requirements:

Special food preparation:

List functions sometimes requiring assistance:

Life Area			Help Needed
Seeing/Vision	Normal	Normal with Glasses	_____
	Last Eye Exam	_____	_____
	Frequency Required	_____	_____
Hearing	Normal	Normal with Hearing Aid	_____
	Hypersensitive	Impaired	_____
	Deaf		_____
Speech	Normal	Uses Sign Language	_____
	Impaired	Uses Communication Device	_____
Mobility	Normal	Wheelchair	_____
	Special Shoes	Impaired	_____
	Uses Walker	Uses Artificial Limb	_____
	Uses other Orthopedic Devices (List)		_____

Periodic health screenings are an important way to stay healthy. Indicate the most current medical examinations:

Examination	Date	Examination	Date
Mammogram		Dental Checkup	
Vision Check		Blood Pressure Check	
Gynecological Exam, Pap Smear		Annual Physical Checkup	
Hearing Check		Glaucoma (Family history)	
Prostate			

A doctor has recommended that the person have the following special checkups regularly:

Prescribed by	Where Administered	For What Problem	Frequency Required	Duration
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Frequency of bowel movement _____

Problems with constipation (Yes / No) Remedy _____

Problems with urination (Yes / No) Remedy _____

Urinary Infections _____ Frequent Urination _____ Bladder Leakage (Frequency) _____