

FAMILY CARE PLAN INSTRUCTIONS

I. TOP FLAP

FAMILY CARE PLAN

1 INDIVIDUAL NAME	2 REL	3 DOB	4 CLINIC #	5 SOC. SEC. #	6 PROBLEM OR CONDITION

1. **Individual Name:** Begin with male head of family; if none, leave blank. Write name of female head of family; if none, leave blank.
Then list children, starting with oldest child, including deceased or otherwise not at home (married, adopted, etc.)
May include foster or adopted children, step-children, and grandchildren if in the same household.
May also include dependent elderly.
2. **Relationship - (REL):** F =father; M =mother; D =daughter; S =Son; GS =grandson, etc.
3. **Date of Birth - (DOB)**
4. **Clinic Number - (IHS chart number)**
5. **S.S.# - (Social Security number)**
6. **Problem or Condition:** These are conditions which might be considered to be fairly permanent, such as alcoholism, diabetes, mental retardation, congenital hip. Such things as Otitis Media, being generally of short duration, or "behind on immunizations" which should be easily correctable, should not be put here. They belong on the inside of the card. This space can be used for new family relationships, such as marriages. These can be written in pencil as they may change.

II. INSIDE CARD-TOP

FAMILY CARE PLAN

1. Directions to Home			
2. Assessment of home and environmental factors.			
3. Name	4. Problem	5. Plan	6. Outcome

1. **Directions to Home:** This can either be a street address, general directions, a small map or any combination thereof. It can also include a description of the house yard, or environs, names of neighbors, anything that will help locate this dwelling.
2. **Assessment of home and environmental factors:** This includes such things as type of home and materials (mud hogan, double-wide trailer, concrete block house) and the quality of construction and repair. Also note presence or lack of city utilities and what is used in lieu of such utilities (shallow or deep well with windmill hand or electric pump, cistern, water barrels, indoor or outdoor toilet, coal oil lanterns, electricity, bottled gas, generator, sewage and solid waste disposal) and the apparent safety of same, such as exposed wiring or open fires. Check for refrigeration and other food storage capabilities and screens on windows and doors and general cleanliness, presence of animals in the house. Over a period of time, you can also become aware of adequacy of food, water and fuel.
3. **Name:** Self-explanatory.
4. **Problems:** Put date of notation and state the problem, such as, 4/8/83-#2: Onset of grand mal seizures at age 25 years.
5. **Plan:** What you feel should be done for stated problem, i.e., Arrange referral to neuro clinic at Podunk General (appt. 4/20/83).
6. **Outcome:** What happened - x-rays reveal brain tumor. Surgery scheduled by Dr. Black 4/28/83. Needless to say, there can be more than one plan for any particular problem; there can also be new plans and new problems which arise as a result of any particular outcome. For example in the above case a further plan might be made at this point to visit the family to be sure they understand the disease/surgery/prognosis, offer counseling, arrange financial assistance, etc. Or a new problem could arise, for example, the patient could refuse surgery.

III. INSIDE CARD-BOTTOM

7. Other sources of health care:

8. Remarks:

9. Present Address of Family:	Phone
	10

Spouse	11	13	Dates of next home visit											
Head of Family:	12													
			OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.

7. **Other sources of health care:** Include PHS, VA or other military, private hospitals or clinics, health departments, private MD's, chiropractors, therapist, practitioners. If the patient goes to a medicine man or native healer, this can be good to know even if the traditional healer is not identified by name.
8. **Remarks:** Whatever needs to be stated which has not been written elsewhere.
9. & 10. **Present address of family and phone:** Mailing address and home phone number (or name and phone number of neighbor or relative who can contact family).
- 11 & 12. **Head of family and spouse:** Self-explanatory.
13. **Dates:** Color tag over the mouth when next home visit is planned. Disease color coding should be done on left side or just to left of dates.

