

Page 1 of 2

MEDICAL CARE PLAN

GIFFORD MEDICAL CENTER RANDOLPH, VERMONT 05060

Name:		Nick Name:			DOB:	
Allergies:	Complexity:					
Parent/Guardian:			none #:			
PCP:	In	Insurance:				
PCP Phone #:		Pa	rent Emergency #:			
			8 7			
Special Instructions:						
Unique Family Needs/Assets:						
Antibiotic Prophylaxis:	Indicat	ions:	Medication	& Dose:		
<u> </u>						
PROBLEM LIST	MED	SPECIALIST	OUTCOME	HOW	LAST	
	Y / N	INVOLVED		OFTEN	VISIT	
Health Maintenance						
1			1	1	1	



(*) - See Med Sheet in Chart



MEDICAL CARE PLAN

Patient Name:

				Page 2 of 2				
PROCEDURES	TESTS	LABS	LAST DONE	VALUE				
04 5 :								
Other Services: TYPE OF	SERVICE	SERVICE O	SERVICE GIVEN BY					
DEVICES			DATE STARTED					
**Unique Immunization N	leeds:							
Influenza								
Pneumococcal								
RSV								
Other								

(* *) For full record see chart.

C:\KM\FORMS\Medical Care Plan.doc