**Child’s Medical Documentation Checklist**

Please submit the following documents if they apply to your child.

**Please complete this section for all children. General clinical documentation needed:**

[ ]  List of current medications, including dosages from a physician.

[ ]  List of current medical diagnoses from a physician

[ ]  Most recent medical evaluation by a physician.

[ ]  If your child receives specialized services and has an Individual Education Plan, Individual Treatment Plan, Individual Family Service Plan, Individual Service Plan, or any other type of treatment plans, please submit the most recent treatment plan, including progress notes and/or 90-day reviews.

1. **Include documentation only if your child has a diagnosis of intellectual disability, autism, or other related condition:**

**[ ]** N/A – If your child has not been diagnosed with an intellectual disability, autism, or other related condition, please skip to number 2.

[ ]  Most recent psychiatric evaluation.

[ ]  Most recent social evaluation.

1. **Include documentation only if your child has a diagnosed psychiatric condition:**

[ ]  N/A – If your child has not been diagnosed with a psychiatric condition, please skip to number 3.

[ ]  Documentation of diagnoses showing that the condition has existed for at least six months and will continue to exist for a year or longer.

[ ]  Most recent psychiatric evaluation.

[ ]  If your child has had an admission to a psychiatric hospital in the past year, please provide the discharge summary.

**Child’s Medical Documentation Checklist**

Please submit the following documents if they apply to your child.

[ ]  If your child has exhibited any of the following behaviors (or would have without medical intervention) in the last three months, please provide documentation from an acceptable provider (i.e. neurologist, psychiatrist, psychologist, LCSW, LCPC, LMSW, etc.):

* Psychotic symptoms (loss of contact with reality, hallucinations, delusions)
* Violence (behaviors such as hitting, kicking, biting, scratching, throwing things, breaking things or other property destruction).
* Anorexia (documentation by a doctor of at least 25% original body weight, signs of electrolyte imbalance, cardiac arrhythmias, or congestive heart failure).
* Withdrawal (severe physical and emotional withdrawal of self from activities of daily living, no longer does sports they previously did, no longer goes out with friends or family, stays in bed all day, etc.).
* Severe hyperactivity (hyperactive behavior, include mania and impulsive behaviors).
* Suicidality (A suicide attempt within the last 3 months or has had a significant ideation with a plan with in the last month).
1. **Include documentation only if your child receives nursing and/or therapy services:**

[ ]  N/A – Your child does not receive services from a home health agency and documents about home health agency services are not needed.

[ ]  Provide the current/signed nursing plan of care from the nursing agency.

[ ]  If your child needs nursing services such as injections, intravenous fluids, tube feedings, wound care, oxygen, catheter, or ventilator; please provide documentation of this need from the doctor.

[ ]  If your child is receiving any therapy such as physical, speech, occupations or respirator, please provide an order from the doctor, a recent evaluation from each therapist, and any recent progress reports.

[ ]  If your child has a seizure disorder, please provide documentation to support the uncontrolled nature of seizures, the frequency and type of seizures and a description of the direct RN assistance that is required.

[ ]  If your child is receiving chemotherapy or radiation, please provide the clinical plan of care, chemo/radiation orders, and medication list.