

CASE NOTE SERIES EXAMPLE

This is case note series is an example only. All case notes should reflect the activities and events that occurred for the individual child/family. All entries to records shall be kept current and must be legible, dated and the author designated. If hard copy, the author shall sign and date the entry. For more information on the policies for recordkeeping please visit the Child and Family Connections Procedure Manual section on [Recordkeeping](#).

**anything italicized indicates when you will need to include your case specific information*

09/01/2011 note 01

EI

This writer was assigned as SC today and contacted family to schedule intake meeting. A message was left at the family's home (*list location you left the message i.e. home, work, cell, etc.*) at (*list time*) requesting them to return my call.

Name, Service Coordinator (or SC)

09/02/2011 note 01

EI

This writer received a call back from mom (*name*) to schedule intake meeting. We scheduled the meeting for 9/6/11 at 9am at the family's home (*list date, time, and location agreed upon*). Mom reported she did not have any specific concerns about her son's development at this time but that the doctor recommended she contact this program. This writer requested mom to have a copy of her insurance card front and back ready at the intake meeting.

Name, SC

09/06/2011 note 01

EI

This writer completed intake meeting at family's home with mom (*name*). Together we reviewed the EI program, family rights, HIPAA, family concerns/priorities, cornerstone consent form, and consent for release to and from pediatrician (*name*) and evaluators. We reviewed EI evaluators and natural environments and mom requested (*therapists names*) to complete the evaluations at the family's home. Mom signed all necessary consent forms including cornerstone consent, informed consent/documentation of receipt of rights for family rights, documentation of receipt for HIPAA, and consent to release and obtain information from developmental therapist (*name*), and occupational therapist (*name*) and pediatrician.

We reviewed family fee and insurance and mom provided me with a copy of her insurance card and she signed the insurance affidavit. We also reviewed the screening tool for AllKids and for DSCC. No referral to DSCC is necessary and the family is not eligible for AllKids based on the screening tool. We reviewed ASQ:SE and no social

emotional needs or concerns were identified. We completed the family considerations page of the IFSP. Family priorities include...*(list family priorities/concerns)*.

IFSP meeting was discussed and tentatively scheduled for...*(list date, time, and location of meeting)* if *(child's name)* is eligible for EI.

Name, SC

09/06/2011 note 02

EI

This writer contacted the evaluators the family requested *(list names and discipline)* and confirmed they could accept the referral, complete the evaluations in the next 2 weeks, and attend the IFSP meeting date set for *(list date, time, and location of IFSP meeting)*.

This writer prepared referral information to send to evaluators. This writer forwarded *(list method via fax, mail, etc.)* the referral to *(list names and discipline of providers)* and the referral included evaluation authorizations, informed consent, and social history (EI20, EI21, and enrollment report).

This writer also faxed a prescription request to the pediatrician *(name)*.

Name, SC

09/06/2011 note 03

EI

This writer faxed insurance affidavit and insurance card to insurance contact at CBO *(list your insurance contact name)*.

Name, SC

09/08/11 note 01

EI

This writer received prescription back from pediatrician and forwarded it to evaluators *(list names and disciplines)* via fax *(list method you sent this to the provider)*.

Name, SC

09/12/2011 note 01

EI

This writer received insurance benefit verification form back from CBO and reviewed it. No restrictions were identified and out of network benefits are available *(list as applicable to each individual benefit verification response)*.

Name, SC

09/15/11 note 01

EI

This writer received completed evaluations from *(list names and disciplines)* and reviewed them to confirm eligibility. This writer put an eligibility letter with family rights and copy of evaluations in the mail to family to review along with IFSP meeting confirmation letter.

Name, SC

09/21/11 **note 01**

EI

This writer completed initial IFSP meeting with mom, (*list therapist names and discipline for all who are in attendance*) at family's home. Together we reviewed family priorities and levels of development and then developed outcomes, strategies, and a service plan. Evaluation reports (*list reports*) were distributed to all IFSP team members. Family priorities include (*list family priorities*). IFSP team agreed that service plan should include (*list each service and frequency to be delivered*). Team discussed place of service and natural learning environments. IFSP team agreed that outcomes can be met in a natural environment so all services will be delivered in the home. Team discussed ongoing service providers and (*therapist names*) are reportedly available to provide ongoing services.

This writer reviewed family rights, informed consent, HIPAA, consent for releases, insurance use, and family fee with mom. Mom signed documentation of receipt/informed consent for family rights, HIPAA doc. of receipt, and updated consent for releases to and from (*therapists names*). Mom signed section 7 of the IFSP so it may be implemented. Mom provided this writer with proof of income in the form of the 1040 of the tax return. This writer entered IFSP meeting authorizations for (*list those in attendance receiving an authorization*) at the IFSP meeting and reviewed the authorization numbers with each of therapists. This writer will forward the meeting authorizations along with ongoing authorizations, insurance affidavit, insurance card, insurance report, prescription, and IFSP to (*therapists' names*) and the IFSP, Insurance Affidavit, and Family Fee Report to the family ASAP.

Name, SC

09/21/11 **note 01**

EI

This writer faxed IFSP meeting authorizations to (*list names and disciplines*). This writer mailed IFSP to family with family fee report, insurance affidavit, and family rights.

This writer mailed IFSP to initial evaluators and mailed the IFSP with informed consent, insurance affidavit, insurance card, insurance report, prescription, and evaluation reports (*if different providers from initial evaluators*) to ongoing service providers (*list names and discipline*).

Name, SC

09/30/11 **note 01**

EI

This writer contacted family to make sure all services began as planned (*document if you left a message or spoke with someone*). This writer requested the family to be in touch with any questions or concerns along the way.

Name, SC

10/28/11 **note 01**

EI

This writer contacted the family for monthly contact (*document if you left a message or spoke to someone*). This writer asked family to call if anything had changed with family income or insurance or if they had anything else to discuss.

Name, SC