



# Keeping Track

Section 11

# Keeping Track

The *Keeping Track* section is intended to help you organize all of the information you are gathering. Whether applying for funding assistance or asking for different services, you will need to find, organize, and keep records up to date. One way to do this is to create a portfolio. A portfolio is simply an organized notebook or computerized file for collecting and maintaining records and information.

If your child changes doctors or is to be evaluated by a specialist, a portfolio can help the professional learn about your child and identify current concerns and the timeline of important events. The organized notebook can help families coordinate services or be a quick reference guide when you need to contact manufacturers for replacement parts or warranty information. You'll find the information useful during preparation for IPP meetings too.

Many families use a clear cover, three ring notebook with tabbed dividers, and place a picture of their baby or child in the cover. If using an electronic version, scan the documents in a folder in the order that makes the most sense to you.

The following table of contents is a suggested blueprint to help families create their own portfolio. Each family has different medical needs and organizational styles. Please adapt these ideas to what best meets the needs of your family. The intention of this portfolio is to help you keep current records. As your child grows older, you might fill several notebooks, and eventually, your child will be the keeper of the records!

We have provided you with some forms in the next section. You may find that all of the organizational tools provided are useful just the way they are or you may wish to change them to better fit your style. They are meant to make life a little simpler. Don't forget to make photocopies of pages you find particularly useful.

For additional documents, forms and templates, see the *National Center for Medical Home* Implementation webpage for help building your own care portfolio:

<https://medicalhomeinfo.aap.org/tools-resources/Pages/For-Families.aspx>

## Creating a Portfolio: Sample Table of Contents

### Part One: Information Providers May Request from You

Organizes the information regularly needed by medical providers, childcare providers, family members and so on (e.g., date of birth). You may want to make extra copies of this form rather than re-writing this information over and over again.

### Part Two: Medical History

Includes a simple calendar of medical events from birth to present (date; event; outcome), as well as more detailed records of diagnoses, allergies, health issues, surgical records, and medication list.

### Part Three: Important Contact Numbers

List of professionals involved in your child's care and their contact information.

### Part Four: Medical Equipment

Information on hearing aids, cochlear implants, assistive technologies, warranties, etc.

### Parts Five and Six: Annual and Monthly Calendars

To write down and manage appointments: medical, social, and other.

### Part Seven: Appointment Record

Designed to record information about upcoming appointments as well as develop a written history of key items from past appointments all in one place.

### Part Eight: My Questions

Record questions or concerns you want to ask your doctor or specialist at upcoming appointments.

### Part Nine: Communication Log

Use to log document telephone calls, messages, meetings, conversations, letters and notes between you and your healthcare team or school staff. Your contact log is independent evidence that supports your memory.

## Part Ten: Supportive Care Services and Group Contact Information

Write down contact information of support services such as counsellors, adults who are Deaf or Hard of Hearing, parents of children who are Deaf or Hard of Hearing, etc.

## Part Eleven: School Conference Logs or Worksheets

It is important to prepare, document and reflect on communication with the school. For example, if you are experiencing frequent or ongoing problems at school, you should document the communication immediately in detail. If you have several reports on the same issue, this may help you and the school staff recognize a pattern and appropriate solution earlier.

## Part Twelve: Progress Notes or Note Pages

Sometimes professionals may ask you to carry a message to another professional. Other times professionals may wish to keep a running dialog with one another. For example, the audiologist and the early intervention providers may want to communicate about how your child is using his hearing device(s).

## Part Thirteen: Plastic Sheet Protectors or Removable File Folder

To store your child's most recent hearing tests, other medical evaluations and reports, transition plans, multi-disciplinary and educational documents (e.g., IPPs).

## Part Fourteen: Business Card Holder

A plastic business card holder to keep the cards of professionals that are a part of your child's life.

## Section Fifteen: Current Research Regarding Children with a Hearing Loss

Can be useful to collect for advocacy situations.



# MY JOURNAL

ALBERTA HANDS & VOICES



01

# About me

## My picture

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## My information

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FIRST NAME

MIDDLE NAME

LAST NAME

BIRTHDAY (MONTH/DAY/YEAR)

PLACE OF BIRTH (HOSPITAL/CITY/PROVINCE)

PRIMARY FAMILY LANGUAGE

SIBLINGS (YES or NO)

SIBLING NAME(S)/AGE(S)

## My parent/guardian information

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FATHER NAME

PHONE

ADDRESS

EMAIL

MOTHER NAME

PHONE

ADDRESS

EMAIL

## My emergency information

---

Please list 2 additional persons that can be notified in case of an accident or illness in the event a parent cannot be contacted.

NAME

PHONE

ADDRESS

EMAIL

RELATIONSHIP

NAME

PHONE

ADDRESS

EMAIL

RELATIONSHIP

## My insurance information

Consider placing copies of your cards and insurance information in this binder.

ALBERTA HEALTH CARD NUMBER

NAME OF INSURANCE

GROUP/POLICY #

PHONE

NAME OF INSURANCE

GROUP/POLICY #

PHONE

NAME OF INSURANCE

GROUP/POLICY #

PHONE

NAME OF INSURANCE

GROUP/POLICY #

PHONE

## Notes

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# My medical history

## My diagnosis

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Your doctor will explain your diagnosis. Write this information here for quick reference.

Date I was diagnosed .....

My diagnosis .....

.....

.....

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## My allergies

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List drugs, food, and other allergies and your reaction (e.g. rash, fever, hives, swelling).

Start date	Allergy	Reaction
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

## My current health issues or chronic conditions

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## My surgery record

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DATE

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REASON

---

SURGEON

---

LOCATION

---

DATE

---

REASON

---

SURGEON

---

LOCATION

---

DATE

---

REASON

---

SURGEON

---

LOCATION

---

DATE

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REASON

---

SURGEON

---

LOCATION

## My prescribed medications

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Name of medicine	Prescribed by	How much to take	Special directions	Start date	End date

## Notes

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# My important contacts

Consider putting a business card holder in this binder to keep contacts together.

## My primary care provider

---

NAME

BUSINESS NAME

ADDRESS

PHONE

FAX

EMAIL

## My audiologist (hospital)

---

NAME

BUSINESS NAME

ADDRESS

PHONE

FAX

EMAIL

## My audiologist (dispensing clinic)

---

NAME

BUSINESS NAME

ADDRESS

PHONE

FAX

EMAIL

## My educational audiologist

---

NAME

BUSINESS NAME

ADDRESS

PHONE

FAX

EMAIL

## My ENT

---

NAME

BUSINESS NAME

ADDRESS

PHONE

FAX

EMAIL

## My speech-language pathologist

---

NAME

BUSINESS NAME

ADDRESS

PHONE

FAX

EMAIL

# My teacher of the Deaf or Hard of Hearing

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NAME

BUSINESS NAME

ADDRESS

PHONE

FAX

EMAIL

## Notes

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## Additional contacts

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Photocopy this page if needed.

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NAME

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BUSINESS NAME

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ADDRESS

---

PHONE

FAX

---

EMAIL

---

NAME

---

BUSINESS NAME

---

ADDRESS

---

PHONE

FAX

---

EMAIL



# My amplification information

Have your audiologist help fill this out!

Type of amplification (hearing aid, cochlear implant, FM system)	Right side	Left side
Make and model		
Serial number		
Date of purchase		
Date warranty expires		
Date service plan expires		
Earmold material and style		
Date earmold was fit		
Type of cord (if applicable)		
Accessories (if applicable)		
Dispensing clinic		
Contact info of dispensing clinic		

## Notes

Don't forget to cover the devices for loss and damage under your home insurance!

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# My questions

Write down questions you want to ask your health care professional. Bring your list to each appointment. Use the table to write down your answers.

Date	Question	Answer



# Coping and adjusting

Use these pages of your journal for quick access to your resources – supportive care, group support.

## My supportive care services

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Notes

NAME

TITLE

PHONE

EMAIL

DATE

NAME

TITLE

PHONE

EMAIL

DATE

## My group support contacts

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### Notes

NAME

RELATIONSHIP

PHONE

EMAIL

DATE

NAME

RELATIONSHIP

PHONE

EMAIL

DATE

NAME

RELATIONSHIP

PHONE

EMAIL

DATE



# DOCUMENTATION

