



**State of Florida
Department of Children and Families**

Rick Scott
Governor

Mike Carroll
Secretary

Date: _____

Medically Complex Child – Follow-up				
Name: _____		DOB: _____		Intake # _____
PCP: _____				
Updates: New/Changes in?	Yes	No	Notes if yes:	N/A
Diagnoses				
Specialists				
People in the Home				
Address				
Insurance				
SSI Updates				
Medicaid Waiver				
Early Intervention Program				
School				
Hospice/Palliative Program				
DME Provider				
Mobility Provider				
PT/OT/ST Provider/Frequency				
Communication Equipment				
Home Nursing				
Disaster Plan				
Problems with:	Yes	No	Notes if yes:	N/A
Medications				
Home RN No-shows				
Getting supplies				
Broken/Outgrown Equipment				
Missed Appointments				
Electricity/Water				
Housing				
Additional Comments: _____				

**If significant changes – use intake form to document new status; May use back of form for additional notes.

Medically Complex Child Follow-Up Form Version 1.0

Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency