

# Health

Goal

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Priorities/support needs

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| <input type="checkbox"/> Adaptive equipment              | <input type="checkbox"/> Pain Management |
| <input type="checkbox"/> Dentist                         | <input type="checkbox"/> Pharmacy        |
| <input type="checkbox"/> Doctor                          | <input type="checkbox"/> Preventive Care |
| <input type="checkbox"/> Evaluations (OT, hearing, etc.) | <input type="checkbox"/> Specialist:     |
| <input type="checkbox"/> Exercise                        | <input type="checkbox"/> Specialist:     |
| <input type="checkbox"/> Medicaid card                   | <input type="checkbox"/> Therapy:        |
| <input type="checkbox"/> Medical supplies                | <input type="checkbox"/>                 |
| <input type="checkbox"/> Medication                      | <input type="checkbox"/>                 |

Resources

- |  |                          |
|--|--------------------------|
| <input type="checkbox"/> Own equipment | <input type="checkbox"/> |
| <input type="checkbox"/>               | <input type="checkbox"/> |
| <input type="checkbox"/>               | <input type="checkbox"/> |

Plan

What needs to be done?	When?	Who? Short-Term?	Who? On-Going?
First doctor's appointment			
Find pharmacy			
Fill/obtain prescriptions			
Arrange for medical supplies/equipment delivery?			

Notes

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