



MEDICAL CARE PLAN

GIFFORD MEDICAL CENTER
 RANDOLPH, VERMONT 05060

Name:	Nick Name:	DOB:
Allergies:	Complexity:	
Parent/Guardian:	Phone #:	
PCP:	Insurance:	
PCP Phone #:	Parent Emergency #:	

Special Instructions:

<i>Unique Family Needs/Assets:</i>

<i>Antibiotic Prophylaxis:</i>	<i>Indications:</i>	<i>Medication & Dose:</i>
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PROBLEM LIST	MED Y / N	SPECIALIST INVOLVED	OUTCOME	HOW OFTEN	LAST VISIT
Health Maintenance					

(*) - See Med Sheet in Chart



