TEAM SUMMARY TEMPLATE EXAMPLE

Team Summary

[*CHILD]* has been seen at *[CLINIC/PROGRAM]* on *[DATE]*. Our program exists to ensure that children in the custody of the Maine Department of Health and Human Services receive regular and necessary mental health, dental and primary care medical services. It is our goal to enhance communication between the primary care provider, caregivers and DHHS, and to improve the continuity and quality of care.

[MEDICAL PROVIDER] and *[BEHAVIORAL HEALTH PROVIDER]* met for an interdisciplinary team meeting regarding this child. This report was jointly created to summarize the findings and recommendations of the psychological and medical evaluations completed today. Separate evaluation reports with detailed history, data, results, and summary of findings can be obtained from this office with appropriate, signed permission from *[CHILD]'s* guardian.

Strengths/Resiliency Factors
[CLINICIAN ENTRY]

DIAGNOSTIC IMPRESSIONS ICD 10 (DSM 5-TR)

[The "Rule-Out" Strategy: If a diagnosis is suspected but not yet confirmed (e.g., Autism Spectrum Disorder), use the "Rule-Out" notation in the DSM column to prompt future evaluations.]
[Delete items below if not applicable]
Physical Abuse, initial encounter (T74.12XA, 995.54)
Child Neglect, initial encounter (T74.02XA; 995.52)
Child Psychological Abuse, initial encounter (T74.32XA; 995.51)
Exposure of Child to Domestic Violence (Z63.8)
Family Disruption, Child in Foster or Non Parental Family Member Care (Z63.32)
[*CLINICIAN ENTRY]*

PEDIATRIC MEDICAL ASSESSMENT
[CLINICIAN ENTRY, to include relevant birth history, risk factors, nonspecific and specific findings that may require further attention]

Immunizations:
[Up to date/Unknown/Delayed]

Allergies:

Medications:

TEAM SUMMARY TEMPLATE EXAMPLE *(CONTINUED)*

RECOMMENDATIONS
Developmental/Educational:
[CLINICIAN ENTRY]

Mental Health/Emotional-Behavioral:
[CLINICIAN ENTRY]

Resiliency:
[CLINICIAN ENTRY]

Early Periodic Screening Diagnosis and Treatment (EPSDT)/Bright Futures:
Health Maintenance Visit:
Most recent health maintenance visit: *[DATE, OFFICE, PROVIDER]*
DHHS (10 day) visit:
Due for next well visit:
[*Consider adding*: Every effort should be made to ensure that *CHILD* is seen by the same medical provider for all health maintenance and chronic condition visits.
OR
CHILD has been fortunate to have been seen by the same primary care provider for most visits.]

Immunizations:
["UP TO DATE" OR "NEEDS..."]
[*For infants and other children with medical vulnerability, consider adding*: All household contact and professional contacts should ensure they are fully immunized, especially against measles, COVID-19, pertussis and influenza.]

Nutritional/Exercise:
[CLINICIAN ENTRY]
[CHILD]'s body mass index today was at the [xx] percentile. *[Replace this language with growth parameters for children under age 2]*
For most children ages 2 and up: 5210, as a framework for healthy living, was reviewed today. Ideally, all children should have at least 5 servings of fruits and vegetables each day, exposure to no more than 2 hours of recreational screen time (including television, computer, tablet and phone), at least 1 hour of vigorous exercise and zero sweet drinks (this includes juice, soda, Gatorade, flavored drinks).
When indicated: As recommended by the American Academy of Pediatrics (AAP), intensive lifestyle modification is recommended to address the elevated body mass index (BMI). This could be with the primary care provider or through a pediatric weight and wellness clinic.

TEAM SUMMARY TEMPLATE EXAMPLE *(CONTINUED)*

If initial primary care based management is chosen and no improvement is seen within 6-12 months, please escalate treatment, such as with referral to a pediatric weight and wellness clinic.

Find additional information at https://publications.aap.org/pediatrics/article/151/2/e2022060641/190440/Executive-Summary-Clinical-Practice-Guideline-for

Screening:

Dental/Oral Health:
Most recent dental visit: *[DATE, OFFICE, PROVIDER]*
Due for next visit:
Treatment provided today: [FLOURIDE, SDF]
Continue fluoride treatments, when available.
Brush teeth twice daily and floss every evening.

Hearing:
Newborn screening results:
Screening recommendations:
[When indicated: Given concerns for/history of speech/language delays, audiological evaluation is recommended.]

Vision:
Recommendations:
[Plus Optix instrument or other] vision screener: [PASS or REFER]

Labs *(this template includes commonly recommended labs but should be reviewed and individualized for each child. More, or fewer, labs may be indicated for any child)*:
Hepatitis C: Screening for hepatitis C is strongly recommended for children of all ages. It may be deferred if late pregnancy maternal screening was negative.
Hepatitis B: Screening for hepatitis B surface antibody is strongly recommended for all children to ensure they have been vaccinated and to confirm that they have responded to the vaccine.
HIV: HIV screening is recommended unless late pregnancy maternal screening was negative.
Syphilis screening (RPR or VDRL): Screening for syphilis is recommended unless late pregnancy maternal screening was negative.
Anemia screening: CBC or hemoglobin/hematocrit should be screened at the initial visit for all children younger than 6 years as well as adolescent females.

TEAM SUMMARY TEMPLATE EXAMPLE *(CONTINUED)*

Hemoglobin electrophoresis: Hemoglobin electrophoresis testing is recommended for children at risk for hemoglobinopathies, for whom the newborn screen is missing or did not include hemoglobinopathy screening.
Urinalysis: Consider screening urinalysis, particularly if there are urinary, abdominal, growth or hypertension concerns.
Lead screening: Lead levels should be obtained for all children between the ages of 6 months and 6 years, if records of negative lead testing within the past 6-12 months are not available (often recorded in ImmPact), if the child has pica, or if the child had multiple dwellings. Lead levels should be strongly considered for children who do not have documented normal lead levels obtained after age 2 years (including children over age 6 years) especially if risk factors include multiple housing locations.
TB screening: TB screening may be warranted, based on exposure risk. According to AAP guidelines, interferon-gamma release assay, IGRA, is the preferred screening method for children of all ages.
For children with a history of inadequate nutrition:
Consider iron studies (CBC, ferritin, iron, TIBC), comprehensive metabolic panel, magnesium, phosphorus, zinc, Vitamin A, C and D levels.
For adolescents:
Pregnancy testing when indicated.
STI testing: including gonorrhea/ chlamydia, syphilis, trichomonas, Hepatitis C and HIV.

Medications:
[CLINICIAN ENTRY]

Medical Specialty:
[CLINICIAN ENTRY]

Other:

The following resources were provided to the resource parent: “Parenting a Child Who Has Experienced Trauma”, “Help Me Grow, Maine” and “Adoptive & Foster Families of Maine and The Kinship Program” *[OTHERS, AS INDICATED]*

REFERRALS RECOMMENDED:
[CLINICIAN ENTRY]

REFERRALS MADE TODAY:
[CLINICIAN ENTRY]

TEAM SUMMARY TEMPLATE EXAMPLE *(CONTINUED)*

PRIMARY CARE PROVIDER FOLLOW-UP: Please schedule a follow up visit with primary care provider within 1 month to review the findings and recommendations in this report.

CHA FOLLOW-UP: 6-8 months

** Please note, we were unable to obtain *[MISSING RECORDS]* prior to completion of this report. If that information is received and results in substantive change in the diagnoses or recommendations made here, an amended report will be prepared and sent to the same addressees as the original report.

cc:
DHHS
PCP
Foster Family
GAL