

Care Plan Worksheet for Students and Families

Instructions

Use the questions below to identify and discuss information key to ensuring continuity of care as students transition to campus.

Key Questions for Students and Families

		Provider Type:
Provider Name:		Provider Name:
Contact Information:		Contact Information:
Available to continue care?	Y or N	Available to continue care? Y or N
What are the names and c	ontact inform	nation of potential providers near campus?
Provider Type:		Provider Type:
Provider Name:		Provider Name:
Contact Information:		Contact Information:
What are my transportatio	n options for	reaching an off-campus appointment?
☐ Campus shuttle		Biking
Community Bus		Family or friend
		Ride-sharing service (e.g., Uber or Lyft) or taxi
☐ Personal vehicle		
Personal vehicleWalking		Other
□ Walking	on do I need	
□ Walking		for an appointment with an off-campus provider