

Life Care Plan Checklist

- ✓ **Projected Evaluations:** Have you planned for different types of non-physician **evaluations** (for example; physical therapy, speech therapy, recreational therapy, occupational therapy, music therapy, dietary assessment, audiology, vision screening, swallow studies, etc.)?
- ✓ **Projected Therapeutic Modalities:** What therapies will be needed (based on the evaluations above)? Will a case manager help control costs and reduce complications? Is a behavior management, or rehab psychologist, pastoral counseling or family education appropriate?
- ✓ **Diagnostic Testing/Educational Assessment:** What testing is necessary and at what ages? Vocational evaluation? Neuropsychological? Educational levels? Educational consultant to maximize IDEA?
- ✓ **Wheelchair Needs:** What types and configuration of wheelchairs will the client require - power? shower? manual? specialty? ventilator? reclining? quad pegs? recreational?
- ✓ **Wheelchair Accessories and Maintenance:** Has each chair been listed separately for maintenance and accessories (bags, cushions, trays, etc.?) Have you considered the client's activity level?
- ✓ **Aids for Independent Functioning:** What can this individual use to help him or herself? environmental controls? adaptive aids? omni-reachers?
- ✓ **Orthotics/Prosthetics:** Will the client need braces? Have you planned for replacement and maintenance?
- ✓ **Home Furnishings and Accessories:** Will the client need a specialty bed? portable ramps? Hoyer or other lift?
- ✓ **Drug/Supply Needs:** Have prescription and non-prescription drugs been listed including size, quantity and rate at which to be consumed? All supplies such as bladder and bowel program, skin care, etc.?
- ✓ **Home Care/Facility Care:** Is it possible for the client to live at home? How about specialty programs such as yearly camps? What level of care will he/she require?
- ✓ **Future Medical Care - Routine:** Is there a need for an annual evaluation? Which medical specialties? orthopedics? urology? internist? vision? dental? lab?
- ✓ **Transportation:** Are hand controls sufficient or is a specialty van needed? Can local transportation companies be used?
- ✓ **Health and Strength Maintenance:** What specialty recreation is needed. blow darts? adapted games? Rowcycle? annual dues for specialty magazines? (Specialty wheelchairs should be placed on wheelchair page.)
- ✓ **Architectural Renovations:** Have you considered ramps, hallways, kitchen, fire protection, alternative heating/cooling, floor coverings, bath, attendant room, equipment storage, etc?

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- ✓ **Future Medical Care/Surgical Intervention or Aggressive Treatment:** Are there plans for aggressive treatment? Or additional surgeries such as reconstruction?
- ✓ **Orthopedic Equipment Needs:** Are walkers, standing tables, tilt tables, body support equipment needed?
- ✓ **Vocational/Educational Plan:** What are the costs of vocational counseling, job coaching, tuition, fees, books, supplies, technology, etc.?
- ✓ **Potential Complications:** Have you included a list of potential complications which can occur such as skin breakdown, infections, psychological trauma, contractures, etc.? (Usually “possible” rather than “probable.”)

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