



## Student Medical Treatment Plan for Chronic Illnesses

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_ YOG \_\_\_\_\_ School Year \_\_\_\_\_

**Student's primary diagnosis or presenting problem:** Describe characteristics and symptoms of disorder(s).

1)

2)

3)

**Onset of disorder/illness & last episode:** \_\_\_\_\_

\_\_\_\_\_

### Current Medications:

Medication	Dose	Frequency	Duration	Indication

### Treatment Plan

Please list below step by step plan of treatment for each health problem. Describe symptoms or behaviors.

Health Problem / Disorder / Symptoms	Treatment Plan

**Additional comments or information:**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date**