**Health Needs Record**

REQUIREMENTS FOR USE OF THIS SAMPLE DOCUMENT: 245D license holders are responsible for modifying this sample for use in their program. At a minimum, you must fill in the blanks on this form. You may modify the format and content to meet standards used by your program. This sample meets compliance with current licensing requirements as of January 1, 2014. Providers remain responsible for reading, understanding and ensuring that this document conforms to current licensing requirements. DELETE THIS HIGHLIGHTED SECTION TO BEGIN MODIFYING THIS FORM.

Person name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This program is responsible for meeting the health needs for the person as assigned in the support plan or the support plan addendum. It must be updated when changes occur in the support plan or the support plan addendum.

**Medication Administration and Assistance**

Requirements for medication administration and assistance are found in Minnesota Statues, sections [245D.05](https://www.revisor.mn.gov/statutes/?id=245D.05), subdivisions 1a, 1b, 2, and 4 and section [245.051](http://workplace/functions/CO/Licensing/hcbs/Lists/Online%20Application%20Issue%20Log/AllItems.aspx). This program will meet any medication administration and assistance needs by: Check the boxes that apply

□ Medication set-up

□ Medication administration

□ Medication Assistance for self-administration of medication

□ Other:

**Monitoring Health Conditions**

This program must document the procedures for monitoring health conditions according to the written instructions of a licensed health professional and as assigned in the support plan or support plan addendum.

| Health Condition | Written Instructions for Monitoring the Health Condition from Licensed Health professional  (Insert or attach to this form the written instruction) | Procedures the Program will Follow to Meet These Instructions |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Health Service Appointments**

This program is assigned in the support plan or the support plan addendum to assist with or coordinate medical, dental or other health service appointments.

| Type of Health Service Appointment | Procedures the Program will Follow to Assist or Coordinate Health Service Appointment |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**MEDICAL EQUIPMENT, DEVICES, AIDS, TECHNOLOGY**

This program is assigned in the support plan or support plan addendum to assist or administer the safe and correct use of any medical equipment, devices, adaptive aids or adaptive technology according to the written instructions of your licensed health professional.

| Type of Medical Equipment, Devices, Adaptive Aides, Adaptive Technology Used | Written Instructions from  Licensed Health Professional  (Insert or attach to this form the written instruction) | Procedures the Program will Follow to Meet These Instructions |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |