Vancouver CoastalHealth

PARIS PRIMARY ACCESS Regional Information System

Student Name:
DOB:

INDIVIDUAL HEALTH CARE PLAN

School Year:

Regarding: Equipment, Lifts/Transfers and Mobility/Safety/Inclusion

☐ Equipment

- ☐ Ankle Foot Orthotics
- ☐ Bike
- ☐ Change Table/Plinth
- ☐ Floor Positioner
- ☐ Orthotics/Splints
- ☐ Other Walking Aids
- ☐ Other Equipment
- ☐ Manual Wheelchair
- ☐ Power Wheelchair
- ☐ Standing Frame
- ☐ Stroller
- ☐ Toileting/Commode
- ☐ Upper Extremity Splint
- ☐ Walker

☐ Lifts/Transfers

- ☐ 1 Person Ceiling Lift
- ☐ 2 Person Ceiling Lift
- ☐ 1 Person Floor Lift
- ☐ Other Lifts/Transfers
- ☐ 2 Person Floor Lift
- ☐ 1 Person Manual Lift
- ☐ 2 Person Manual Lift
- ☐ 1 Person Weightbearing Assisted
- ☐ 2 Person Weightbearing Assisted

☐ Mobility/Safety/Inclusion

- ☐ Daily Physical Activity
- ☐ Exercise Program
- ☐ Mobility
- ☐ Other Mobility/Safety/Inclusion
- ☐ Personal Care
- ☐ Physical Education Inclusion
- ☐ Playground
- ☐ Stairs
- ☐ Swimming

☐ Oral Feeding

RELEVANT HEALTH INFORMATION

INDIVIDUAL HEALTH CARE PLAN

SAFETY/SPECIAL PRECAUTIONS

EQUIPMENT/ADAPTIVE AIDS

ENVIRONMENTAL SET-UP/POSITIONING

PARTICIPATION/COMMUNICATION

INSTRUCTIONS: GENERAL

INSTRUCTIONS: EQUIPMENT

INDIVIDUAL HEALTH CARE PLAN

INSTRUCTIONS: LIFTS/TRANSFERS

INSTRUCTIONS: MOBILITY/SAFETY/INCLUSION

HANDOUTS

☐ IHCP Information Sheet for School Student File (letter)

☐ IHCP Guidelines for School Team

☐ General Guidelines

☐ Other

IHCP COMPLETION

Signature and Credentials

cc