

*Sharing • Healing • Inspiring • Nurturing • Enduring*

# S.H.I.N.E.

**PEDIATRIC PALLIATIVE CARE**

## Medical Diagnoses

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Diagnosis	Date of Diagnosis	Managed by (Provider name):

These sheets help you organize important health information for your child. After completion, please bring this to all of your medical appointments.

