

Staff – please check with scheduling to be sure visit is for adequate amount of time!

Date of contact _____

Patient _____ Chart # or DOB _____

Phone where reached _____ Other type of contact _____



In order to be ready for your child and/or youth’s visit, we’d like to know:

1. Has your child/youth been to the emergency room (ER) since your last visit? Yes No

If yes, when and why? _____

Is there a record of the visit available? Yes No

What happened? What did they tell you to do? _____

2. Has your child/youth been in the hospital since your last visit? Yes No

If yes, where, when and why? _____

What happened? What did they tell you to do? _____

Is there a record of hospital stay available? Yes No

What happened? What did they tell you to do? _____

3. Has your child/youth seen any specialists since your last visit? Yes No

Why? _____

When and where? _____

Specialist note is in the chart? Yes No

4. Has your child/youth had any blood work or x-rays done since last visit?

Who? _____

When and where? _____

Is the specialist note/letter in the chart? Yes No

5. Are there any forms or letters you will need us to fill out? Yes No

6. Do you think your child/youth will need blood work? Yes No

If so, arrange lab forms and EMLA/Elamax as needed

7. What are your top areas of concern or topics that you want to talk about at this visit?

1. _____

2. _____

3. _____