

Medical Home Pre-Visit Form

Patient Name:		Chart #:	
Date of Contact		Date of Appointment:	
Phone Number:			
<i>In order to be prepared for your child's upcoming visit, we'd like to know:</i>			

1. Has your child been to the Emergency Room since your last visit with _____
(Name of PCP/MD)

YES NO

If yes, where? _____

For what reason? _____

Records of visit? _____

Outcome/Recommendations? _____

2. Has your child been hospitalized since your last visit with _____
(Name of PCP/MD)

YES NO

If yes, where? _____

For what reason? _____

Records of visit? _____

Outcome/Recommendations? _____

3. Has your child seen any specialist or therapist(including mental health) since your last visit with _____

(Name of PCP/MD)

YES NO

4. Has your child had any lab data obtained or X-rays performed since last visit with _____
(Name of PCP/MD)

What? _____

Where? _____

Results in chart? YES NO

5. Has your child had any evaluations/testing or new services by the CDSA/Early Intervention/School since your last visit?

with _____ YES NO
(Name of PCP/MD)

6. Are there any forms or letters that need to be completed during this visit?

- | | | |
|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Headstart | <input type="checkbox"/> Childcare | <input type="checkbox"/> Kindergarten |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Sports | <input type="checkbox"/> Medication Form |

7. What are the most important things that you want to talk about with the doctor at this visit?