

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’s visit, we’d like to know:

1. Has your child 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 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 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 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 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. _____