



National Center of Medical Home
Initiatives for Children with Special Needs
Oregon Medical Home Project

Medical Visit Check Sheet

My child's name is: _____

Today's Date: _____

Reason for today's visit:

My biggest concerns are:

Weight: _____ Height: _____

Current Medications:

Doctor's Notes/Today's Diagnosis:

Medication and Instructions:

Follow Up Plan:

Physician/Consultant Signature