

CCN Child Health Team

Pre – Meeting Checklist

This form is intended for the local coordinator to use in keeping track of receipt of referral packet information and other necessary steps prior to the child's team meeting:

Child's Name _____

Date of Birth _____

Team Meeting Date _____

- A completed Referral Packet including:
 - A completed Patient Contact Information form
 - Signed Release of Information
 - Signed Notice of Privacy Practices Acknowledgement form
 - Completed List of Providers
 - Completed Health Questionnaire
 - Completed Parent Summary Form and Physician and/or Teacher Summary
 - Primary care physician contact info: Name: _____
Address: _____

- Gather medical and school reports

- Schedule an appointment:
 - Notify family of appt time (two weeks in before)
 - Notify all team members and participants of appt time (two weeks before)
 - Reminder calls to family and team members (one week before)