

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. \_\_\_\_\_