



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

# Tips for a Good Visit

## Information about my child you will want to know

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

My child is verbal:      yes      no

My child likes it when you:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

My child doesn't like it when you:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Things that will help if my child doesn't want to do something:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_