



**\*Check to make sure enough time has been scheduled for visit\***

### **Pre-Visit Planning**

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Date of contact: \_\_\_\_\_

Phone number reached at: \_\_\_\_\_

1. What are your top areas of concern or topics that you want to talk about at this visit?

\_\_\_\_\_

2. Has your child been to the ER since your last visit? \_\_\_\_\_

If yes, when & why? \_\_\_\_\_

What happened? What did they tell you to do? \_\_\_\_\_

3. Has your child been in the hospital since your last visit? \_\_\_\_\_

If yes, where, when, and why? \_\_\_\_\_

What happened? What did they tell you to do? \_\_\_\_\_

4. Has your child seen any specialist since your last visit? \_\_\_\_\_

Why? \_\_\_\_\_

When & Where? \_\_\_\_\_

Specialist note in chart? \_\_\_\_\_

5. Has your child had any blood work or imaging done since the last visit? \_\_\_\_\_

When & Where? \_\_\_\_\_

Is the order in chart? Who ordered it? if not in chart? \_\_\_\_\_

6. Are there any forms or letters you will need us to fill out? \_\_\_\_\_

What ones? \_\_\_\_\_

7. Do you think your child will need any blood work or imaging done? \_\_\_\_\_

8. Have there been any med changes or dosing changes since your last appointment here?

\_\_\_\_\_

\_\_\_\_\_

9. Are there any resources that would be helpful to have in caring for your child? Share any appropriate resources we know of for patient.

\_\_\_\_\_

\_\_\_\_\_