Pre-Visit Focus Sheet

(To be completed at time of scheduling by person making appointment)

Child’s Name_____________________________ Parent____________________________

Chart ID______________ Date/Time of Visit ____________

Diagnoses ___________________________________________________________

Reason for Visit (parents words): ___________________________________________

_________________________________________________________________________

(To be completed by care coordinator after chart is pulled)

Care Coordinator Plans for this visit:

☐ Teaching Issues to be addressed: __________________________________________

_________________________________________________________________________

☐ Website Information Needed: _____________________________________________

_________________________________________________________________________

☐ Care Coordination Needs: ________________________________________________

_________________________________________________________________________

☐ Family Needs Identified__________________________________________________

_________________________________________________________________________

(To be completed by Physician before visit)

Physician Plans for this visit: ____________________________________________

_________________________________________________________________________

_________________________________________________________________________

Items needed for this visit:

☐ Lab/Referral results needed and not in chart: ________________________________

_________________________________________________________________________

☐ Web Portal info/Parent Handouts needed: _________________________________

_________________________________________________________________________

From the Medical Home Portal www.medicalhomeportal.org, 2009