

Pre-Visit Contact

Date of Contact _____ Date of Appointment _____

Patient: _____ Date of Birth _____ MRN _____

Number where reached: _____

In order to be prepared for your child's upcoming visit, we'd like to know:

1. Has your child been to the Emergency Room since their last Checkup @ University Pediatric Clinic YES NO

If yes, where? _____

For what reason? _____

Records of visit? _____

Outcome/Recommendation? _____

2. Has your child been hospitalized since their last Checkup at University Pediatric Clinic

YES NO

If yes, where? _____

For what reason? _____

Records of hospital stay? _____

Outcome/Recommendation _____

3. Has your child seen any specialists or therapists (including mental health providers) since their last Checkup

YES NO

Who? _____

Where? _____

Specialist note is in chart? YES NO

4. Has your child had any lab data obtained or x-rays performed since their last Checkup

What? _____

Where? _____

Result on chart? YES NO

5. Has your child had any other evaluations or services since their last Checkup? YES NO

6. Are there any forms or letters you'll need completed during this visit? YES NO

7. Do you anticipate your child needing lab work at your upcoming visit YES NO

If so, arrange Lab Forms and EMLA/Elamax.

8. Are there any major areas of concern or topics you need addressed at this visit?

Check scheduling to be sure there is adequate time!!!