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: _________________________________

_____________________________________________________________________