



Pre-Visit Focus Sheet

Practice
Logo

(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: _____
