



# 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_