

# Today's Visit

This optional tool can be used to help you and your child's physician coordinate your child's care.

What brings you here today?

- Sick visit
- Check-Up
- Annual physical
- Other \_\_\_\_\_

What are the two (2) things you most want to discuss today?

1. \_\_\_\_\_

2. \_\_\_\_\_

Have there been any changes in medication since your last visit?  YES  NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have there been any other changes in your child's health since your last visit?  YES  NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you need any medication refills?  YES  NO

Do you need any referrals, updated therapy or equipment prescriptions?  YES  NO

Are there any upcoming doctor visits or procedures that we need to know about?  YES  NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any other concerns? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you.