

Medical Home Parent-Doctor Focus Sheet

Child's Name _____

Parent _____ **Chart ID** _____ **Date** _____

Parent/Family Needs:

I have questions or concerns about: (check all that apply)

- My Child's Development _____
- My Child's Health/Diagnosis _____
- Medications _____
- Specialists/Therapy _____
- Lab Results _____
- Early Intervention Services (Birth – 3 years old) _____
- Toilet Training _____
- School/Education (SAT/504/IEP) _____
- Behavioral Challenges _____
- Socio-Emotional (Mental Health) Concerns _____
- Home Health Services _____
- Money/Finances/Insurance _____
- Family Support Needs _____
- Transitions/Life Changes: New School, Puberty, Sexual Education, What Will My Child Do When He/She Grows Up, etc. _____
- Other _____
- Other _____

Things I want to talk about with my Doctor during this visit:

Doctor's Needs for this visit:

Issues my Doctor wants to follow up on or discuss with my child/patient and our family:

Items needed for this visit:

- Lab results/Referral results/Evaluation results** (not already in chart):

- List of current medications being taken and the dosage:**

- Paperwork filled out by parent/family or other records the Doctor needs:**

- Reason for asking for the appointment:** (main reason or complaint)

Follow Up Information:

- Call (date)**_____
- Next Visit (date)**_____
- Next Visit**

Agenda_____

Treatment Care Plan:

Child Will:

Parent Will:

Doctor's Office Will:

Doctor Signature-plan reviewed

Parent signature-plan reviewed