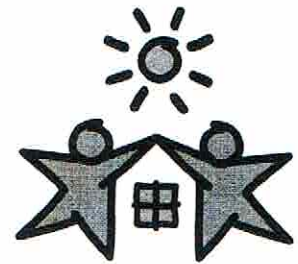


Pediatric Associates of Denham Springs



Date: \_\_\_\_\_

Patient \_\_\_\_\_ Chart # or DOB \_\_\_\_\_

Phone where reached \_\_\_\_\_ Other type of contact \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

In order to be ready for your child and/or youth's visit, we'd like to know:

1. Has your child/youth been to the emergency room (ER) since your last visit?  Yes  No

If yes, when and why? \_\_\_\_\_

Is there a record of the visit available?  Yes  No

What happened? What did they tell you to do? \_\_\_\_\_

2. Has your child/youth been in the hospital since your last visit?  Yes  No

If yes, where, when and why? \_\_\_\_\_

What happened? What did they tell you to do? \_\_\_\_\_

Is there a record of hospital stay available?  Yes  No

What happened? What did they tell you to do? \_\_\_\_\_

3. Has your child/youth seen any specialists since your last visit?  Yes  No

Why? \_\_\_\_\_

When and where? \_\_\_\_\_

Specialist note is in the chart?  Yes  No

4. Has your child/youth had any blood work or x-rays done since last visit?

Who? \_\_\_\_\_

When and where? \_\_\_\_\_

Is the specialist note/letter in the chart?  Yes  No

5. Are there any forms or letters you will need us to fill out?  Yes  No

6. Do you think your child/youth will need blood work?  Yes  No

*If so, arrange lab forms and EMLA/Elamax as needed*

7. What are your top areas of concern or topics that you want to talk about at this visit?

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

\_\_\_\_\_

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

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_