

Budge Clinic-IHC Health Center

1350 North 500 East

Logan Utah 84341

Medical Home Project

Phone Assessment

PCP:

Patient Name:

Date:

Phone:

| | |
|------------------|--------------|
| Patient DOB: | Patient MRN: |
| Parent/Guardian: | Interviewer: |

Patient dx: _____

What are the biggest concerns or challenges you're facing?

Concern #1:

Notes:

Concern #2:

Notes:

Concern #3:

Notes:

1. What is going well?

2. What Community Resources or Programs are you currently involved with?

3. What Community Programs have you looked for but unable to find?

4. Do you receive medical or dental services @ PCMC, Shriners, CSHCN, or other medical offices?

5. Does your child have any special considerations the staff or doctors need to be aware of?

6. Do you have any special needs or wants when it comes to the health care of your child?

Additional Comments:

8. Are you interested in meeting with other families who have similar challenges and experiences as your family?

_____ Yes _____ No _____ Maybe