

Medical Home Follow-up Assessment

Follow-up call to be made within 1 week after appointment

Patient was seen by:

Date of Appointment:

Visit Type:

Date of F/u Call:

1. At your appointment were you able to get all of your questions answered? If no, what additional questions do you have?
2. Did you get the needed prescriptions refilled for your child? If no, what refills do you need?
3. Did your physician refer your child to any specialists?
If yes, with who?

Do you need help scheduling the appointments?

4. Did you have a chance to update your child's Medical Summary Care Plan while in the office?
5. To make sure our records are updated, please list patients current medication(s), dose, and schedule it's given (please include any new meds or dose changes made during your office visit)?
6. During your visit, was there any changes made in your child's plan of care?
7. Are there any additional concerns or challenges the Medical Home Team can help you with at this time? If yes, explain:

Additional Comments:

IHC Budge Clinic, 2006