Tips for a Good Visit

This information can be helpful for the doctor and others to know.

Child's Nickname _____

My child is verbal ❑ Yes ❑ No

My child likes it when you:

_____

_____

_____

_____

_____

_____

My child does not like it when you:

_____

_____

_____

_____

_____

_____

If my child does not want to do something, here are things that can help:

_____

_____

_____

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_____

_____

Notes

Appointments Log

Use this form for inperson and vitual appointments you have about your child's healthcare.

Date/Time	Name of Person/Specialty	Contact Information	What was Decided	Question/Results/Comments/Follow-up

Child's Name _____ **Date of Birth** / /

Date Last Revised: _____

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Appointments

Date/Time	Hospital	Doctor/Specialty	Questions/Results/Comments/Follow-up

Things to Remember for Next Visit

Date	

Hospital Stays

Date of Admission _____/_____/_____ Date of Discharge _____/_____/_____

Reason for Admission _____

Hospital _____

Address _____City_____State_____ Zip _____

Phone _____

Doctor/Surgeon _____

Type of Surgery/Procedure _____

Outcome/Notes _____

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Date of Admission _____/_____/_____ Date of Discharge _____/_____/_____

Reason for Admission _____

Hospital _____

Address _____City_____State_____ Zip _____

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Date of Admission _____/_____/_____ Date of Discharge _____/_____/_____

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Address _____City_____State_____ Zip _____

Phone _____

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Date of Admission _____/_____/_____ Date of Discharge _____/_____/_____

Reason for Admission _____

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Address _____City_____State_____ Zip _____

Phone _____

Doctor/Surgeon _____

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_____

Date of Admission _____/_____/_____ Date of Discharge _____/_____/_____

Reason for Admission _____

Hospital _____

Address _____City_____State_____ Zip _____

Phone _____

Doctor/Surgeon _____

Type of Surgery/Procedure _____

Outcome/Notes _____

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_____

ER Visits

Date	Hospital/Medical Facility	Doctor	Admitted?	Results/Comments

Child's Name _____ **Date of Birth** / /

Date Last Revised: _____

ER Visits

Date	Hospital/Medical Facility	Doctor	Admitted?	Results/Comments

Child's Name _____ **Date of Birth** / /

Date Last Revised: _____

Notes