

MiCMRC Pediatric Return Visit Note V5

Patient Name:

DOB:

MRN:

Patient phone:

Alternative contact/phone:

Name of person spoke with
if other than patient and
relationship:

Date of visit:

Primary Care Physician
(PCP) contact information:

Care Manager Name and
Licensure:

Type of visit:

Phone

Face-to-face

Visit duration in minutes:

5-10

11-20

21-30

31-60

>60

Consent for care
management:

Yes

Verbal consent

Declined

Current Diagnoses:

Surgeries/Surgeon:

Specialists:

Allergies:

Comments:

SUBJECTIVE

Patient/Parent/Guardian
self-reported problems/
concerns

MEDICATION RECONCILIATION

Pharmacy Name, Location,
Phone:

Barriers to Adherence: No barriers identified
 Financial issues
 Too many medications
 Patient/Parent/Guardian forgets
 Ineffective per patient/parent/guardian
 Does not understand purpose of medication
 Unable to open medication bottles
 Refuses to take
 Other:

Side Effects: No reported side effects
 Side effects reported, specified below
 Potential Interactions

Comments:

Adherence Aids: Pill box
 Positive behavior reinforcement
 Calendar/schedule supplied by nurse
 Other:

If adherence aid is used, it
is managed by:

Medications Reconciled: Yes
 No new medications
 Medication changes, specified below

Comments:

Reviewed with whom:

Medication Reconciliation
Comments:

REVIEW OF SYSTEMS

Patient/parent/guardian reports:

Vision: No problem Glasses Contacts

Blind R L Both

Other:

Comments:

Hearing: No problem Uses sign language

Deaf R L Both

Uses hearing aids R L Both

Other:

Comments:

Oral/Dental: Good dentition Gingivitis

Canker sores Tongue lesions

Difficulty swallowing Partial/Dentures

Mucositis Caries

Other:

Comments:

Cardiovascular: No problem

Other:

Comments:

Pulmonary: No problem

Wheezing

Cough

Asthma (if yes, list triggers below)

Triggers:

Asthma Prevention Plan:

Asthma Rescue Treatment Plan:

O2 in use: Yes No

If O2 in use, liters per minute:

Other:

Comments:

Sleep Hygiene:

No problem
Sleep apnea
Insomnia
Wakes throughout the night
Excessive snoring
Difficulty falling asleep
Difficulty staying asleep

Other:

Comments:

Neurological:

No problem
Cognitive function

Developmental delays
Autism

Other:

Comments:

Musculoskeletal:

No problem
Abnormal coordination

Other:

Comments:

GI:

No problem
Nausea

Colostomy
Vomiting

Constipation
Diarrhea

If vomiting or diarrhea,
number of episodes in 24
hours:

Other:

Comments:

GU:

No problem
Frequency
Incontinence

Chronic UTI
Burning
Night time incontinence

Other:

Comments:

Gynecological: No problem Hx STD Pregnant

If pregnant, gestational age:

Last pelvic exam/pap smear date (if appropriate):

Other:

Comments:

Skin: No problem Stump Stoma
 Dermatitis Bruising Jaundice
 Wounds Acne Lice

Location/description if any wounds:

Other:

Comments:

Any additional Review of Systems Comments:

Therapies: PT OT ST
 Mental Health Other:

Thermometer to take temperature at home: Yes No

PAIN Denies pain Chronic Acute

Intensity/Pain Scale (1-10)

Character:

Duration:

Treatment of pain: Pharmaceutical Nonpharmaceutical

Comments:

NUTRITIONAL STATUS Stable Decreased appetite
 Increased appetite

Recent weight loss

If weight loss, how much:

Recent weight gain

If weight gain, how much:

Nutrition-related preferences/needs:

Supplement

Vegan

Vegetarian

Kosher

Special diet (if yes describe below)

Other:

Recommended diet:

Tube feedings:

Yes

No

If yes, type of tube, and nutritional product:

If yes, who manages tube feedings:

Number of feedings/meals per day:

Comments:

Diabetes:

Diabetic - Type I

Diabetic - Type II

Treatment:

Specialist:

Clinic:

Smoking Status:

Non-smoker

Second-hand exposure

Interested in smoking cessation

Smoker

e-cigarettes

chewing tobacco

marijuana

hookah

Other:

If patient smokes, how many packers per day for how many years?

Exercise

Does patient exercise regularly? Yes No

Type of exercise:

How often does patient exercise:

Advance Care Planning

Court appointed guardian: Yes No

General Power of Attorney: Yes No

Palliative Care: Yes No

Hospice Care: Yes No

Comments:

Behavioral Health / Psychosocial

Behavioral Health Screenings Completed: PHQ-9 Initial Depression Screening
KADS Depression Screening
MDQ Bipolar Screening
SCARED Anxiety Screening
Suicide Lethality Screening
MCHAT-R Screening Tool for Autism
AQ-10 Child Screening Tool for Autism (Age 4-11)
AQ-10 Adolescent Screening Tool for Autism (Age 12-15)

Academic Concerns: IEP
504 Plan
Special Education Services
Other:

Mental Health Concerns: Yes No

Diagnosis:

Current Treatment Plan: Therapist Psychiatrist CPS Services
Other Services:

Comments:

CARE MANAGEMENT ASSESSMENT

Fall Risk: Yes No

History of falls in the past 12 months: Yes No

If Yes, describe fall risk: Polypharmacy
Pain or sedating medications
Gait disturbance
Muscle weakness
Assistive devices (if yes, describe in comments)
Other:

Comments:

DME Needed: Yes No

Comments:

Barriers Identified:

Interventions to Address Barriers:

SELF-MANAGEMENT ACTION PLAN

Asthma Yes No

Short Term Goal and Target Date:

Long Term Goal and Target Date:

Diabetes Yes No

Short Term Goal and Target Date:

Long Term Goal and Target Date:

Medication Therapy Yes No

Short Term Goal and Target Date:

Long Term Goal and Target Date:

Depression Yes No

Short Term Goal and Target Date:

Long Term Goal and Target Date:

ADHD/ADD Yes No

Short Term Goal and Target Date:

Long Term Goal and Target Date:

Behavioral Health Yes No

Short Term Goal and Target Date:

Long Term Goal and Target Date:

Other, please specify:

Short Term Goal and Target Date:

Long Term Goal and Target Date:

Preventive Care - Follow Up:

Short Term Goal and Target Date:

Long Term Goal and Target Date:

Coordination of Services:	CMH	Transportation
	Community Agency	Dental
	Academic	CSHCS
	Financial Assistance	Medication Assistance
	Other:	

Comments:

Re-evaluation of Plan of Care and Progress Toward Goals Achievement

Follow up planned and time frame:

Level of understanding:

Readiness for change:

Care Manager Signature and Date:

If this box is checked, please see Care Manager Addendum to Return Visit note: