

DATE: _____

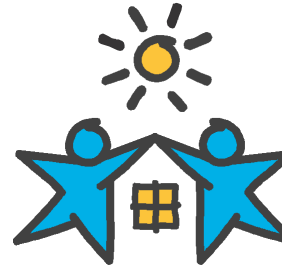
Parents – This survey is to be used as a tool to help you organize your thoughts concerning your child(ren) and family. Completing it will enable our practice to assist you with any needs or concerns. Completion of the form is voluntary as are our care coordination services offered at PAHP

Parent Name: _____

Patient: _____ Chart # or DOB: _____

Phone where reached: _____ Email: _____

Can we contact you by text message/ email? Circle Y N Mobile Phone _____



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 reason? _____

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? _____

What happened? What did they tell you to do? _____

Is there a record of hospital stay available? Yes No

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

Reason? _____

When and where? _____

NURSE: confirm specialist note is in the chart? Yes No

4. Has your child/youth had any blood work or x-rays done since last visit? Yes No

By Whom? _____

When and where? _____

NURSE: Confirm Labs/ reports are in the chart? Yes No

5. Has your child been visiting the school nurse frequently? Yes No

Reason? _____

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

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

1. _____

2. _____

The following questions are optional. However, we want to make sure we address the whole child; physical, mental, behavioral, emotional, developmental, and psychosocial.

☐ Check this box if you prefer to talk privately in regards to questions 8-12. We will contact you at a more convenient time.

8. During the past 6 months, how much of the time did you worry about your child's health?

- ☐ None of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

9. Do you have any concerns or worries for your child/youth?

- ☐ Development differs from peers
- ☐ Ability to learn
- ☐ Falling behind in school
- ☐ Sleeping
- ☐ Loneliness
- ☐ Behavior
- ☐ Substance use or abuse
- ☐ Other(s) use the line below
- ☐ The future
- ☐ Doing things for themselves/being independent
- ☐ Self-care issues (toileting, hygiene)
- ☐ Making/keeping friends
- ☐ Participation in activities
- ☐ Self-esteem
- ☐ Eating or diet concerns
- ☐ Sibling issues

10. Of the above concerns, which two are most on your mind today?

- a) _____
- b) _____

11. Are any of the following issues troubling your family and/or child at this time

- ☐ Sexual abuse?
- ☐ Substance abuse?
- ☐ Domestic abuse; ☐ physical ☐ verbal
- ☐ Separation or divorce?
- ☐ Other Worries? Use the line below.
- ☐ Sickness or death of a loved one or friend
- ☐ New job or job change?
- ☐ Lay-off/unemployment

12. Do you need any help coordinating any aspects of your child's care ☐ YES ☐ NO

If so, with what do you feel you need assistance with? We now offer Care Coordination services to help navigate community resources

- ☐ Health care/ insurance
- ☐ Childcare / Respite
- ☐ Education and school needs
- ☐ Mental health/behavior health
- ☐ Social support groups
- ☐ Other worries: use the line below.
- ☐ Legal needs
- ☐ Financial needs example: food, housing, diapers, formula
- ☐ Special services/ community resources
- ☐ Waiver applications
- ☐ Advocating for your child's right

13. General- Please let us know what else you need help with (if we don't know, we will work with you to find the answer)

If you answered **Yes** to any items/boxes in questions 9 & 12, would you be open to meeting with one of our Care Coordinators? Our Care Coordinator will meet with you in our office to do an intake (about an hour) to assess your needs and will work together with you to find resources in the community.

Please Circle: YES NO (to be contacted by our Care Coordination Team.)

If yes, please check your email and phone number are correct on the front page. Our Care Coordinator will be reaching out to you soon. 😊