Preparing for a successful TELEHEALTH VISIT

Before

PROVIDER’S NAME: _______________________________

Note any information you might want to share with the provider.

• Celebrations, concerns, or challenges since your last visit
• Information on changes or observations, or updates about:
  ▪ Medical status, behavior, or symptoms
  ▪ Medications, treatments, labs, imaging, etc.
  ▪ School, therapies, socialization
• Care plans with other providers and specialists

Notes: ______________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

During

WHO, HOW, AND WHAT TO DISCUSS:

• Who will attend? Who will be virtual? Who will be in person?
  ▪ Child
  ▪ Family members or other caregivers
  ▪ Home health providers
  ▪ Other providers
• How would you like the visit to go? What should you discuss?
  ▪ Are you comfortable helping with the physical exam?
  ▪ Would you like to demonstrate or share home routine, supports, supplies, and equipment?
  ▪ Do you want your child to share during the visit?
• Did you notice anything during the exam that your provider may not have?

Notes: ______________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Wrap Up

BEFORE FINISHING THE VISIT, YOU AND YOUR PROVIDER CAN:

• Discuss the plan. **PAUSE.** Are you comfortable with and confident about the plan?

• Discuss if any referrals, prescriptions, or orders will be made.

• Discuss who will be responsible for each part of the plan.

• Discuss the next appointment. Will it be telehealth or in-person? Set up a schedule!
  ▪ Do you have a preference?
  ▪ What are the safety concerns and risks of each option?
  ▪ What are the needs of your child and family?

• Are there any needs that were not discussed?

Notes: ______________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

ADDITIONAL CELEBRATIONS, CONCERNS, OR CHALLENGES? FOLLOWUP NOTES?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________