

**Did You?**

Second Visit Checklist

1. Finish any of the following assessments:
	* Health/Physical
	* Nutrition
	* Social
	* Developmental
2. Educate and inform by leaving any of the following brochures:
	* Safe Cleaning
	* Nutrition
	* Pet Safety
	* Pregnancy
	* Other
3. Leave any of the following referral resources for the family?
	* Health
	* Housing/Abatement
	* Food
	* Medical
	* Other
4. Recommend follow-up testing (Y/N). If Yes, by when?
5. Schedule a follow-up visit? If yes, for what date?

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Are you prepared to (or have you) completed the following forms:

* + Individual Plan of Care (update if needed)
	+ Follow-Up Visit Form
	+ Referral Form (if needed)
	+ Case Activity Log
	+ Report to Health Care Provider and Medicaid Health Plan
	+ Billing Spreadsheet

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