

**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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