**Pre-Visit Planning Form**

Name Pt ID # Date

* Labs reviewed prior to visit. Pertinent Lab results to discuss with patient

* Imaging reviewed prior to visit. Results of imaging to discuss with patient
* Specialist/Hospital/ER visit since their last office visit with areas to review with patient

* Goals or self-management tools to review with patient
* Preventive health care updates for screening and immunization to discuss with patient and update in flow sheets

* Details of history that needs updated - advance directives/ dates in History

* Consultants involved and medication reconciliations with details on which ones are provided by other consultants
* Other

Physician Signature