

TEAM Longitudinal Medical Home Log

Children's Hospital of Wisconsin, Medical College of Wisconsin & Special Needs Family Center

Please use a check mark to indicate activities you have completed with each of your continuity clinic patients. Please contact the TEAM Program Coordinator if you have questions or need advice.

Patient Name: _____

Date of first visit:

Date of last visit:

Accessibility

- Provided a method and time for family to contact me
- Provided information about resources
- Additional comments about barriers to accessibility

Compassionate

- Learned about the child's health needs
- Learned of the families perspective
- Learned about non medical needs
- Discussed possibilities of child progress
- Discussed limits of therapy and end of life issues if appropriate
- Additional comments

Comprehensive

- Seen patient in clinic for urgent needs
- Seen patient in ER
- Spoke with ER about an impending ER visit or during ER visit
- Seen patient on ward when hospitalized
- Discussed care by phone or e-mail
- Additional comments

Coordinated

- Referred to specialists
- Discussed case with specialist prior to referral appointment
- Prepared an AAP Emergency Care for CSHCN form
- Additional comments

Family Centered

- Discussed family's needs

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- Identified insurance or other social needs
- Identified preferred means of communications
- Additional comments

Continuous

- Discussed transitions (school, adolescence, adulthood) planning
- Developed plan of care with family or identified appropriate supports
- Additional comments

Cultural Competence

- Identified cultural barriers
- Provide information to family in their primary language
- Present information to family at their medical literacy level
- Additional Comments
