

An Initial Visit: What parents can expect

- I. The clinician (PNP or MD) will seek to clarify the reason for the consultation. He/she may ask the parent or patient to state his/her concerns, review correspondence or e-mails from the referring professional, etc.
 - II. An in-depth history of the presenting concerns will be gathered, using all available sources, including parent/patient interview, records sent by primary care provider, other consultants, therapists, early intervention staff and schools. Any previously established diagnoses will be discussed and an inquiry will be made concerning all past and current treatment measures.
 - III. The past medical history will be briefly reviewed and a thorough review of systems will be completed.
 - IV. Family history will be reviewed unless it is unavailable.
 - V. A physical examination will be performed.
 - VI. If time permits, the clinician may ask the parent or patient to complete forms or checklists relevant to the diagnostic or treatment issues under consideration. Examples would be the Child Behavior Checklist or the Social Skills Rating Scale.
 - VII. Alternatively, the clinician may spend a few minutes working directly with the patient on an additional developmental assessment. Examples would be the Battelle Developmental Inventory or the Bayley Infant Neurodevelopmental Screener.
 - VIII. Prior to the end of the visit, the clinician will offer his/her thoughts on the patient's diagnosis, or if the diagnosis is uncertain he/she will discuss diagnoses that deserve consideration.
 - IX. If further diagnostic testing is needed, the clinician will discuss his/her recommendations for testing, including laboratory and/or radiologic studies. If the parent/patient agree to the testing, orders will be written at that time.
 - X. Recommendations for assessments by other specialists, including psychology, OT, speech and language pathology, PT, etc. will be presented, if appropriate, orders will be written.
 - XI. If the clinician believes the patient would benefit from a trial of medication or a change in medication, he/she will discuss that recommendation with the patient and parent. If they agree with the clinician's suggestions, prescriptions will be written and necessary information about the medication will be provided.
 - XII. Finally, recommendations for follow-up care and return visits will be offered and any additional patient/parent educational materials will be provided.
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- I. Presenting concerns
 - II. Detailed HPI
 - III. Reviewed of PMH/ROS
 - IV. Family history
 - V. Physical exam
 - VI/VII. Additional developmental testing
 - VIII. Discuss diagnosis or differential
 - IX. Laboratory or radiology studies
 - X. Referrals to other specialists
 - XI. Medication
 - XII. Follow-up plan/patient education