

**TABLE 4.3: PHMI SAMPLE PRE-VISIT PLANNING CHECKLIST**

Checklist Domain	Checklist Item
<b>General</b>	<input type="checkbox"/> Reason for patient visit
	<input type="checkbox"/> Check for transportation needs to/from the appointment
	<input type="checkbox"/> Interpretation services needed
	<input type="checkbox"/> Cultural, faith-based, or LGBTQIA+ preferences for care
<b>Room Readiness</b>	<input type="checkbox"/> Type of exam and room readiness activities (i.e., assure speculums available)
	<input type="checkbox"/> Specific supplies needed for patient/procedure
<b>Medical Record Review</b>	<input type="checkbox"/> Pertinent labs or imaging results
	<input type="checkbox"/> Recent ED or hospital visit records
	<input type="checkbox"/> Vital signs (i.e., blood pressure) to be obtained and charted
<b>Assessments Needed</b>	<input type="checkbox"/> Universal health assessments due
	<input type="checkbox"/> Age-specific health assessments due (i.e., well child care, developmental screening, autism, adult wellness check)
	<input type="checkbox"/> Depression screening due
	<input type="checkbox"/> Other health assessments due - please specify
<b>Care Gaps</b>	<input type="checkbox"/> Immunizations due
	<input type="checkbox"/> Check immunizations supply for availability
	<input type="checkbox"/> Cervical cancer screening (PAP) due if patient has a cervix
	<input type="checkbox"/> Breast cancer screening (mammogram) due if female or receiving estrogen therapy
	<input type="checkbox"/> Colorectal cancer screening due (FIT or colonoscopy)
	<input type="checkbox"/> Due for prenatal or postpartum care visit – circle one

Adapted from [Patient Centered Medical Home Primary Care Team \(Model of Care\) \(chcs.org\)](https://www.chcs.org).