

Welcome to Our Center!

We are so glad you chose us to provide care for your children today. Below we have included some information about your child's appointment.

Your child, _____, is here today for a _____. In addition to meeting with the provider and members of the care team today, your child will get:

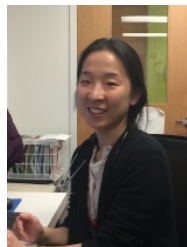
- Vaccines
- Labs
- Developmental/Emotional Screen

You and your child will be meeting with the following people during your visit today:

Provider:



Kristine Schmitz, MD



Jeein Yoon, MD



Valerie Noce, CRNP

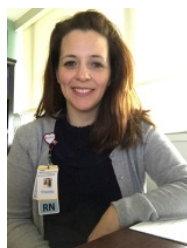


Medical student

Care Team: Your *medical assistant* will take your child's height and weight, and measure hearing and vision. Our *nurse coordinator*, Tammy, will assist with health education and any care coordination needs. Our *social worker* will meet with you to offer a variety of support, including resources for addressing any non-medical needs.



Medical Assistant



Tammy McHale, MSN, RN



Annie Cushwa, LSW














You are the expert on your child, and it is important to us that your child's visit here is a collaboration between you and our team. What questions or concerns would you like your provider and care team to focus on?

In general, how would you describe your child's health?

- Excellent Very Good Good Fair Poor

At our center, it is important to us that we work together with you to keep your child healthy in every way. That means talking about things that aren't "medical," but do affect health. Below we have listed common needs and concerns children and families often face- please check off any that you would like resources for today. We also ask you to tell us about your child and family's biggest strengths. Your privacy is important to us, and the answers you give here are confidential.

I would like to talk to someone about getting help with (please check yes or no):

		Yes	No
	Paying for transportation to and from medical appointments		
	Food resources		
	Utility bills or shut-off notices		
	Health insurance for myself or someone in my family		
	School or childcare issues (IEP's, bullying, CCIS)		
	Legal issues (custody, immigration, landlord problems)		
	Benefits (SNAP, WIC, SSI, Cash assistance)		
	Unsafe housing or losing your home		
	Behavior or mental health concerns (for your child)		
	Emotional or mental health concerns (for yourself)		
	Safety issues (for yourself or your child)		

What is your favorite thing about your child?

What is your biggest strength as a parent or caregiver?
