



WV BIRTH TO THREE
Office of Maternal, Child and Family Health
Bureau for Public Health
West Virginia Department of Health

Child Last Name:

Child First Name:

DOB:

FOLDER:

MI

ID#:

Date:

Date of Appointment: _____ **Time of Appointment:** _____

Type of Missed Appointment:

☐ Parent Cancellation

☐ Practitioner Cancellation

Reason for Missed Appointment:

☐ Illness

☐ No Reason Given

☐ Scheduling Conflict

☐ Out of Town

☐ Weather Conditions

☐ Family Not Home for Scheduled Visit

☐ Other: (explain) _____

Service That Was to be Provided at Today's Visit:

☐ Evaluation/Assessment

☐ IFSP/IFSP Review

☐ Intervention

☐ Service Coordination

☐ Intake

Today's Appointment:

☐ has been rescheduled for _____

☐ was unable to reschedule appointment with family

☐ family chose not to reschedule

NOTE: If the appointment was cancelled by a practitioner, the practitioner must offer the family an opportunity at that time to reschedule the visit. Families are not required to reschedule visits that are cancelled by the practitioner. If the family chooses to reschedule the visit, the practitioner should provide the visit as soon as possible and in no case longer than three months from the originally scheduled visit. Practitioners are not required to make up visits that are cancelled by families.

Signature: _____ Date: _____

Supervisor Signature: _____

Date: _____