



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

Child Last Name: _____ MI
 Child First Name: _____
 DOB: _____ ID#: _____
 FOLDER: _____ 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: _____