

Preparing for a Visit with the Healthcare Provider Tool

Healthcare Provider Name: _____

Healthcare Provider Appointment Date: _____

I plan to take the following items to my appointment with my Healthcare Provider

- Pain Diary Pain Behavior Chart Other: _____
- Completed "Preparing for a Visit with my Healthcare Provider Tool"

I want to remember to ask the Healthcare Provider the following questions:

- 1.
- 2.
- 3.
- 4.

I want to remember to share the following information with the Healthcare Provider:

1. My major concern(s):
2. Major changes noted in my family member:
3. Other Information:

Date/Time of next appointment:
