

Preparing for a Medical Appointment Tool

Healthcare Provider Name: _____

Appointment Date: _____

Is transportation arranged for the Appointment? ____ Yes ____ No

If no; how will I get to appointment? _____

Is someone going with patient to Appointment? ____ Yes ____ No; If yes; who: _____

I plan to take the following items to the medical appointment

Pain Diary Medication List Other: _____

Completed "Preparing for a Medical Appointment Tool"

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

1.

2.

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

1. Major concern(s):

2. Major Changes happening in my life (i.e. divorce, death of a loved one, etc.):

3. Other Information:

Date/Time of next appointment: