

Preparing for a Visit with my HealthCare Provider Tool

HealthCare Provider Appointment Name: _____

HealthCare Provider Appointment Date: _____

Do I have transportation to Appointment? ___Yes ___ No

If no; how will I get to appointment? _____

Will someone be going with me to the Appointment? ___ Yes ___ No

If yes; who: _____

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

- Pain Diary
- Medication List
- Other: _____
- Completed "Preparing for a Visit with my HealthCare Provider Tool"

I want to remember to ask my HealthCare Provider the following questions:

1. _____

2. _____

I want to remember to share the following information with my HealthCare Provider:

1. My 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: _____