

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:
