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:

______________________________________________________________________________

Used with permission Keela Herr, PhD, RN and GeriatricPain.org
Revised 05/2019