MEDICAL APPOINTMENT PLANNER

Appointment Date / Time: _____   Provider Name: _____

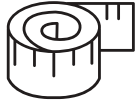Reason for Appointment: _____

MY VITALS

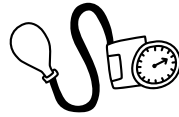| Weight	Height	Temperature	Blood Pressure	Heart Rate	Oxygen	Respiratory Rate
_____	_____	_____	_____ / _____	_____	_____	_____
lb	ft/in	F		bpm	%	bpm
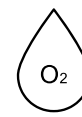
MY MEDICATIONS

Name _____   Frequency _____   Reason _____
Dose _____   Doctor _____   Refill?   Yes _____   No _____

Name _____   Frequency _____   Reason _____
Dose _____   Doctor _____   Refill?   Yes _____   No _____

Name _____   Frequency _____   Reason _____
Dose _____   Doctor _____   Refill?   Yes _____   No _____

HEALTH UPDATES

_____

_____

_____

_____

_____

_____
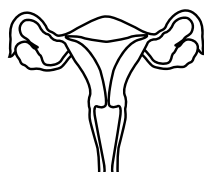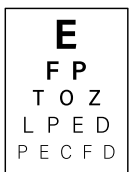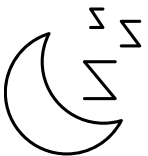
LIFE UPDATES

_____

_____

_____
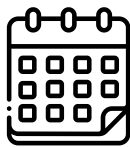
_____

_____
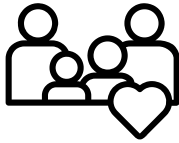
QUESTIONS FOR MY DOCTOR

_____

_____

_____

INFORMATION FROM MY DOCTOR

WHAT COMES NEXT?

ADDITIONAL NOTES

ABOUT THIS WORKSHEET: ADVANCED

This worksheet is a tool to assist you in preparing for and participating in your medical appointments. It is not medical advice and does not replace recommendations from your medical provider.

Using this worksheet helps you to engage with your medical provider, build a solid relationship, and start to manage parts of your healthcare. You should complete a worksheet for each medical appointment and organize them so you have records of what happened.

Be sure to bring the worksheet to every appointment and talk to your trusted adults if you have questions!
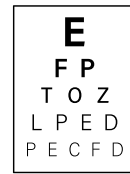
Worksheet Symbols
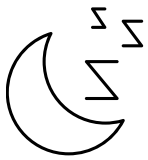
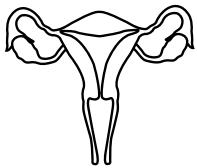Sleep / Energy   Exercise / Sports   Nutrition   Glasses / Contacts   Teeth / Gums

Women's Health   Lab Work   Medication   Specialty Doctor   Urgent Care / Hospital

Education   Work   Finances / Insurance   Family   Friends / Social   Stuff Coming Up

A + J
PATIENT ADVOCACY