MY APPOINTMENT WORKSHEET

| | APPOINTMENT TIME | DO | CTOR'S NAME | |
|------------------------|------------------|----|-------------|----------|
| К | CIND OF DOCTOR | ? | REASON FO | OR VISIT |
| 3 QUESTION | S FOR MY DOCTOR: | | | |
| 1 — 2 — 3 — WHAT DID M | IY DOCTOR SAY? | | | |
| | | | | |
| WHAT COMES NEXT? | | | | |
| | | | | |







ABOUT THIS WORKSHEET: BEGINNER

This worksheet is a tool to assist parents, guardians, and caregivers in preparing a patient for their medical appointment. It does not constitute medical advice or replace recommendations from a medical provider.

This tool is meant to engage a patient in management of their health, as well as introduce the concept of building a personal relationship with their medical provider. The worksheet should be used close to the appointment day or even the morning of.

As much as the patient is able, they should complete the worksheet through discussion with their trusted adult. The items available to fill in also guide the trusted adult in what to talk about with the patient

Be sure to bring the worksheet to each medical appointment, to reinforce the work of planning and participating in the management of their health.

