

MY APPOINTMENT WORKSHEET



_____ **APPOINTMENT DAY/TIME**

_____ **DOCTOR'S NAME**

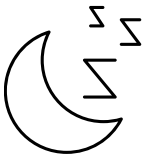


_____ **KIND OF DOCTOR**



_____ **REASON FOR VISIT**

UPDATES FOR MY DOCTOR:



SLEEP



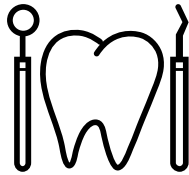
EXERCISE



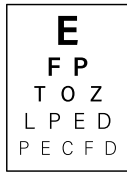
NUTRITION



MEDICINE



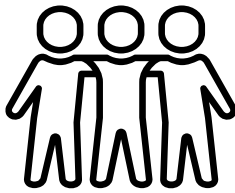
TEETH/GUMS



VISION



LEARNING



FRIENDS & FAMILY

QUESTIONS FOR MY DOCTOR:

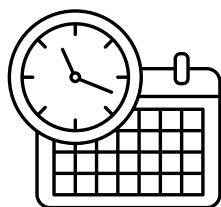




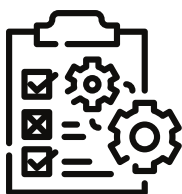


WHAT DID MY DOCTOR SAY?

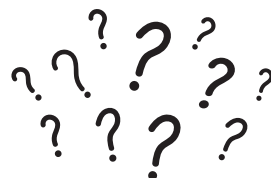
WHAT COMES NEXT?



APPOINTMENT



MEDICAL TESTS



SOMETHING ELSE?

EXTRA NOTES

ABOUT THIS WORKSHEET: INTERMEDIATE

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 continue building a personal relationship with their medical provider. The worksheet should be completed close to the appointment day.

The patient should complete the worksheet and consult their trusted adults with questions. It is absolutely okay if the patient needs help to complete the worksheet.

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

