

Taking Charge of My Appointment

Date of my appointment: _____

Time of my appointment: _____

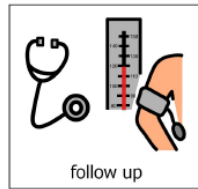
Doctor's name: _____

Who is going with me: _____

Why am I going to the doctor's office today? (Circle all that apply)



Physical



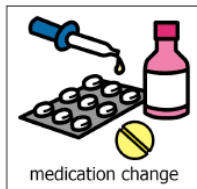
Follow up



Illness



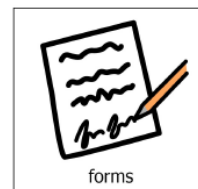
Injury



Need medication
change or refill

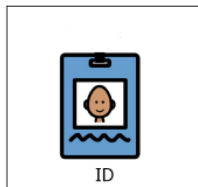


Vaccine

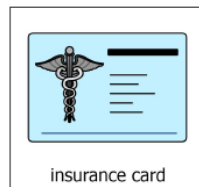


Need forms
filled out

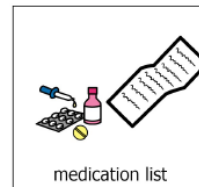
Do I have my...? (Check the boxes)



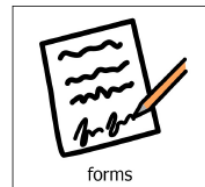
ID



Insurance
card



Medication
list



Forms for
the doctor
if needed

Questions to ask my doctor

I can fill this section out before my appointment. I can ask my parent or caregiver for help.

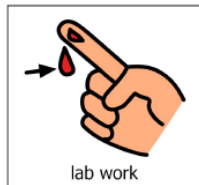
Answers to my questions

I can fill out this section during *or* after my appointment. I can ask my parent or caregiver for help.

Next Steps

I can fill out this section at my doctor's office *or* when I get home.

Lab Work



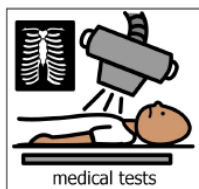
Do I need lab work? YES NO

Where will I have the lab work done? (Circle one)

Lab at or near my doctor's office

Lab near my house

Tests



Do I need any tests? YES NO

What test(s)? (Circle all that apply)

X-ray

Ultrasound

Sleep study

EKG

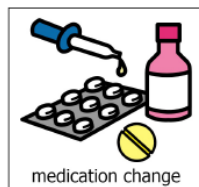
MRI or CT scan

Hearing test

Vision test

Other

Medications



Was there a change in my medication(s)? YES NO

1. Medication & dose: _____
name and amount

When will I take it? _____
time(s) of day

2. Medication & dose _____
name and amount

When will I take it? _____
time(s) of day

Next Steps

I can fill out this section at my doctor's office *or* when I get home.

Next Appointment



Do I need to schedule another appointment with this doctor?

YES NO

Date of my next appointment: _____

Time of my next appointment: _____

Referrals



Do I need to see an additional doctor? YES NO

Who? _____