

# Appointment Prep Form

## **Purpose:**

Finding a method to communicate with your healthcare provider effectively can help you get the best care possible. The purpose of this form is to help you prepare for an upcoming appointment and organize your thoughts regarding what you need the provider to know about your health. Once completed, the Appointment Prep Form can help you communicate your thoughts with your provider during your visit (for example, during the appointment you can read from the form or give a copy to the provider for them to read).

Please note: this form provides a great starting point, but, if desired, please adapt it to meet your specific needs.

## **Directions:**

Complete the Appointment Prep Form prior to your appointment and bring the completed copy with you to the visit.

## **Helpful Hints:**

- When completing this form, especially the first few times, it may be helpful to do it with the help of a trusted person.
- Keep the completed version of you Appointment Prep Form in your Healthcare Folder so that all of your paperwork for the appointment in one spot.

# Appointment Prep Form

## SECTION 1: GENERAL INFORMATION ABOUT MY APPOINTMENT

My visit is with:	Visit date and time:
Address:	Phone:

What kind of provider is this (my primary care doctor, neurologist, dermatologist, etc...)?

Why am I seeing this provider?

How am I going to get there?

What time do I need to leave for my appointment?

What supports do I need?

What do I need to bring with me (Insurance card, money for copay, copies of notes, reports, tests, or labs ordered by other doctors, medications...)?

## SECTION 2: INFORMATION FOR MY PROVIDER

Do I need any medication refills or paperwork?

What would I like this provider to address during the visit?

Make a list of questions I would like the provider to answer during my visit:

Since my last visit with a provider have I?:

Started a new treatment Y/N	Stopped an old treatment Y/N	Seen another provider Y/N
Had any tests done Y/N	Been to the emergency room or hospital Y/N	
Fallen Y/N	Injured Myself Y/N	Gotten Sick Y/N

What else has happened in regard to my health since my last visit?

**MY SYMPTOMS (USE ONE OF THE FOLLOWING OPTIONS FOR IDENTIFYING YOUR SYMPTOMS):**

Option 1: List your symptoms here:

Option 2: Fill out a Body Check Form prior to your appointment summarizing your symptoms and bring it with you.

Option 3: Bring previously completed Body Check Forms (only the forms that were marked 'yes' to the question at the bottom of page 2).

Option 4: If you feel like there is something wrong but cannot identify the specific symptoms, answer the following as they may help provide you and/or your doctor important clues.

Have I...

- |  |   |
|--|---|
| Been more tired than usual<br>Y/N              | Had changes in my vision, hearing, taste, or smell<br>Y/N |
| Developed any rashes<br>Y/N                    | Been struggling with doing things I can usually do<br>Y/N |
| Been more irritable<br>Y/N                     | Been struggling more with concentration<br>Y/N            |
| Been struggling to sleep<br>Y/N                | Had others express concerns about my health<br>Y/N        |
| Had changes with bladder/bowel habits<br>Y/N   | Avoided activities for a reason I cannot explain<br>Y/N   |
| Had a change in how much I eat or drink<br>Y/N |   |