

My name: \_\_\_\_\_ Date of appointment: \_\_\_\_\_

# Appointment Organizer

**Instructions:** Fill out the "Before You Go" section on your own or with assistance before your next medical appointment. Bring the entire form with you and complete the "Information From Your Appointment" section during or after.

## Before You Go

Who am I going to see?

Why am I going to see them?

_____	_____
_____	_____
_____	_____

New problems or concerns that I have:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Think about it:

What questions do I have for my provider? What do I want to know more about for my health?

(Examples: Why do I need this test? What parts of my body does my condition impact? What happens if I don't take my medicine?)

Write down any questions you have.

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Information From Your Appointment

What do I need to do ? What did the provider recommend?

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Any new medications or treatments?

What are the possible side effects? Do I need to follow up with anyone?

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Why is it important that I follow the recommendations or treatment plan?

What might happen if I did not follow the recommendations or treatment plan?

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Other notes:

Self Check:

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**Do I...**

Understand my health information?

Understand my treatment plan or recommendations made?

Know what I need to do next (if anything)?

Know who to contact if I need help or have questions?

