

Sample: Preparing for My Health Care Visit

FILL OUT BEFORE GOING TO THE VISIT BY ME AND PERSON SUPPORTING ME

1 Appointment information

My Name	
First	Last

Name of person supporting me	
First	Last

Appointment type		
Family Doctor	Walk-in Clinic	Other (e.g., dentist, eye doctor, specialist, X-ray, etc.):
Hospital Visit	Emergency Room Visit	

Things to bring with me	
OHIP card	Comfort items (eg., snacks, books, games, etc.)
ODSP card (if going to the dentist or eye doctor)	Any medications I need to bring with me

2 Why am I going to the appointment? (Note: let the doctor know if you've already had an appointment for this reason)

EXAMPLES: Feeling sick, I got hurt, I need a check up, something hurts in my body, illness, injury, need more medication, medication changes or concerns, stress with family or friends, need forms filled out, etc.

3 Have any of these been bothering me in the last week (or longer)?

Health Concern:	Is there a problem?	What is the issue?	Is tracking sheet(s) attached?
Pain			
Eating			
Bathroom or toileting			
Energy or tired or sleep			
Emotions or feelings			
Relationships			
Sexual health			
Other (eg., falls, hearing, vision)			
Medication			

During My Health Care Visit

FILL OUT WITH A HEALTH CARE PROVIDER

1 Appointment summary (*If the health care provider does not fill out this section, a copy of their note from the appointment or a letter summarizing the required information can be attached. If attaching a document, please check this box:)

What did we talk about and do?

Next steps (Things like: tests or exams I need to do like X-ray or blood work, appointments to see a different doctor or health professional, need to come back to see the doctor I saw today, things I or the people supporting me can do to be healthier at home)

2 Medications (Were there changes to my medications?)

Yes No

New Medications (if any)

Medication Name	Why do I need to take this medication?
1.	
2.	
3.	

Things to remember to do before I leave

Don't forget to:

Make sure this page is completed

Schedule any upcoming appointments with the front desk

Appointment date:

If there is a referral, make sure I know whether I need to call to follow up

Referral:

Doctors Name:

Signature:

Date:

After My Health Care Visit

FILL OUT AFTER THE VISIT WITH THE PERSON SUPPORTING ME

Comments about the visit:

Things like: How did the visit go? What do I need to do now? What could we do differently next time?