

Completed by:

Date:

MY APPOINTMENT

Doctor's name:

Appointment Date/Time:

Transportation I will use:

WHAT I NEED TO BRING

- ☐ Insurance card
- ☐ My medications in a brown bag
- ☐ Transition Information Form

FILL IN BEFORE APPOINTMENT:

Why am I going to doctor?

When does it bother me?

What do I want to know?

Do I need prescription refills?

OTHER QUESTIONS (check if you would like to discuss)

- | | |
|---|--|
| ☐ Eating healthy | ☐ Dental health |
| ☐ Exercise | ☐ Job |
| ☐ Sexual health | ☐ Communication |
| ☐ Mental health | ☐ Pain |

FILL IN AT APPOINTMENT

What do I need to do?

Who will help me?

Reasons to call my doctor:

Do I have new prescriptions?

Were all my questions answered?

My next appointment is:

DO AFTER MY APPOINTMENT

My Healthy Transitions Score:

My Healthy Transitions Plan: