



What you want to cover? Fill this out BEFORE your appointment.

What are your immediate concerns and/or goals for your visit? What questions do you want to make sure you ask? This form will help ensure you remember everything you want to cover!

Concerns

My top three medical concerns, in order of importance to me are:

1. _____
2. _____
3. _____

Goals

My goals for this appointment are:

1. _____
2. _____
3. _____

Questions

My questions for the doctor are:

1. _____
2. _____
3. _____

If you are unsure what to ask, here are a few suggestions:

- > How should I tell my child about their condition?
- > What tests and/or procedures will my child need to undergo?
- > When will my child be able to participate in school and sports again?
- > What (if any) medication will my child need to take?
- > When/how should I contact my child's doctor?
- > Where can I find more information on my child's condition and treatment?

continued

Summary of Visit

Fill this out AFTER your appointment.

Date: _____ Physician: _____

Reason for appointment:

What was discussed:

Plan/Next steps:

Remember to log any medication changes in your Medication Log AND any tests or procedures in your Lab Work and Procedures log.