

# 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
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#### Name of person supporting me

First	Last
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#### 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?