

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)

- | | |
|---|--|
| <input type="checkbox"/> Eating healthy | <input type="checkbox"/> Dental health |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Job |
| <input type="checkbox"/> Sexual health | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> 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: