



TODAY'S HEALTH CARE VISIT

COMPLETE BEFORE THE VISIT

My Name: _____

Today's Date: _____

Who is with me today? _____

Current list of my medications, pills, and vitamins
(attach it for the doctor or nurse)

Do I have a plan or card that pays for my medicine?

Yes / No (list) _____

Did I recently go see any other doctor or dentist?

Yes / No (who?) _____

What was the reason? _____

Why am I at the doctor's or clinic today?

(Things like illness, check-up, follow-up from previous visit, need forms filled out, need medication change or refill, etc.)

QUESTIONS I WANT TO ASK TODAY

ANSWERS TO MY QUESTIONS

MY TAKE-AWAY INFORMATION

Were there any Medication or Diet Changes?

YES / NO *If yes:*

Medication Name: _____

I am to take this ____ times per day, at _____

I am to stay on this for ____ days (or specify ____)

Why do I need to take this? _____

Medication Name: _____

I am to take this ____ times per day, at _____

I am to stay on this for ____ days (or specify ____)

Why do I need to take this? _____

Are there medications I don't need to take
anymore, or anything else I should know?

**Information about today's treatment plan,
recommendations, and/or follow-up**

(Things like illness, check-up, follow-up from previous visit, need forms filled out, need medication change or refill, etc.)

medical professional signature

date

staff or provider signature

date





HEALTH TEAM DOCUMENT

UNDERSTANDING MY HEALTH CARE TEAM

My Personal Support Team <i>(Identify your personal supporters and their relationship to you)</i>		Formal Supports <i>(Who are paid people that might be with you and what their role is at the visit)</i>	Who Has Legal Authority <i>(Place a check next to who has legal decision-making authority and identify the person)</i>	
Who:	Relationship:	Paid Staff (PCA, DSP):	I have Legal Decision-Making Authority for My Health Care	<input type="checkbox"/>
			Power(s) of Attorney:	<input type="checkbox"/>
			1.	
		Residential/Provider Agency Staff:	2.	
			Guardian:	<input type="checkbox"/>
			1.	
		Other:	Circle: Plenary (full) or Limited	<input type="checkbox"/>
			Conservator:	<input type="checkbox"/>
			1.	

UNDERSTANDING MY SUPPORT NEEDS

Areas of Support for Medical Appointments/Events	What I Do/Need and Who Helps Me	Health Professional's Role In Supporting Me
Understanding what the medical professionals are saying, suggesting, recommending or instructing; helping me know my options, pros and cons	<i>Who do I trust to help me understand and how do I communicate with them?</i>	<i>Writing down instructions, using photos or pictures to explain procedures or directions</i>
Communicating my current situation, my decisions/choices, and responding to or asking questions of medical professionals	<i>Who helps me communicate with the medical professionals (doctor/nurse/care coordinator)?</i>	<i>Repeat my answers back to me; ask me to "teach back" instructions; ask me questions</i>
Following through with my medical choices, decisions, or following doctor/nurse/care coordinator's instructions or treatment plan	<i>Who helps with follow through (reminders, set up medications, checking in with me)?</i>	<i>Send out reminders by mail or text; follow-up appointments;</i>

