




Do I need to do bloodwork or get a test I'm nervous about?

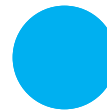
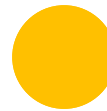
Here are some tips that might help!

- It's OK to tell people that I am nervous or afraid.
- Ask the doctor or nurse to show me and explain what will happen before it happens.
- Bring something that helps me feel more comfortable.
 - Do I like listening to music? 
 - Do I want to hold a ball or something squishy in my hand? 
- Bring someone with me!
 - Hold their hand if I need to!
- Close my eyes. 
- Turn my head, then look away at the wall.
- Count to 20.
- I can also ask any questions that I have!
- Be very proud of myself. I have been so strong and brave!



Today's Health Care Visit

A tool for patients and their health care providers.



Today's Health Care Visit

My Name: _____

Today's Date: _____

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

I have a plan or drug card that pays for my medicine? Yes No

Why am I at the doctor's today?

Things like illness, changes happening with family, staff or friends; need forms filled out; would like a check-up, need more medication etc....)

Did I recently go see any other doctors or dentist? Yes No



Things I like:



Things I don't like:

Medications changes

Were there changes to my medication? YES or NO

If Yes:

1. Medication Name: _____

I am to take this _____ times per day.

I am to stay on this for _____ days

Reason Given: _____

2. Medication Name: _____

I am to take this _____ times per day.

I am to stay on this for _____ days

Reason Given: _____

Do I need any help getting or paying for my medication?

Other information for me or my caregivers:

Empty rounded rectangular box for additional information.

Would I like a follow up phone call?

Yes

No

Understanding Today's Visit:

My name:

Doctor or Nurse's name:

Date:

Why did I see the Doctor today?

What did the Doctor or Nurse do?

Appointments & Follow-Up

Do I have any new appointments?

YES or NO

If Yes,

Doctor's Name: _____

Where: _____

Reason: _____

Date: _____

any parts blank

My biggest fear or worry about coming for health care is:

Some ways you can help me to better understand

Speak Slowly: Repeat things: Talk to my caregiver too:

Use Pictures: Write it down: Speak directly to me:

Other: _____

Have any of these been bothering me in the last week:

Not sleeping well?	
Not hungry?	
Bath/washroom difficulties?	
Emotional issues?	
Feeling tired, no energy?	
Mouth or teeth?	
Sexual health?	
Anything else?	



0
No Hurt



1
Hurts
Little Bit



2
Hurts
Little More



3
Hurts
Even More



4
Hurts
Whole Lot



5
Hurts
Worst

**Where does
it hurt?**

(Draw an 'X')

