

Today's health care visit



A tool for Special Olympics BC athletes
and their health care providers



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Health

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Today's health care visit:

My name: _____

Today's date: _____

Why am I at the doctor's today?

Examples: illness, mental wellbeing, changes happening with family or friends, needing forms filled out, needing a check up, need more medication, etc.

Did I recently go to see another doctor or a dentist?

Yes

No



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?

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

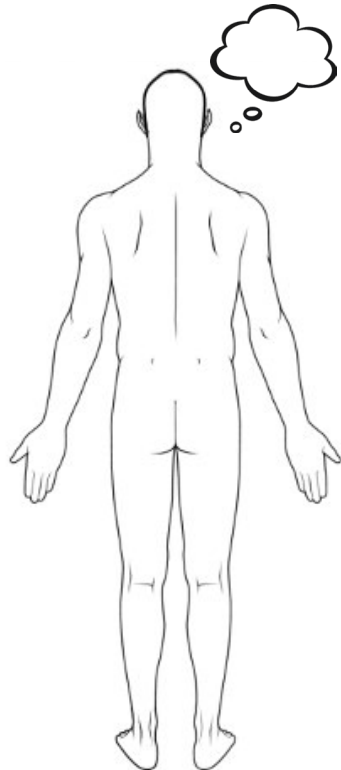
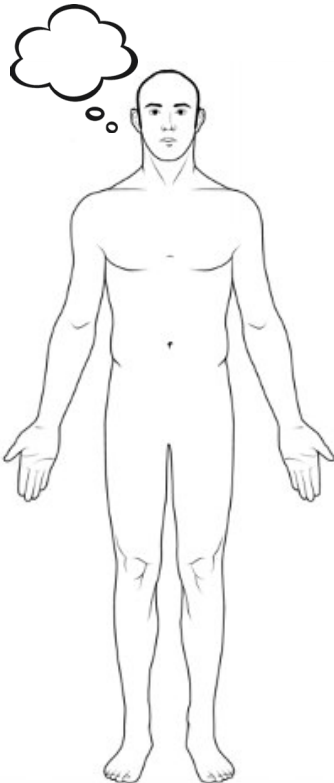


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What do I want to talk to the doctor about today?

(draw an X on the part of your body you want to talk about)





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Appointments and follow up:

Do I have any new appointments? **Yes No**

If yes:

What day: _____

What time: _____

Doctor's name: _____

Where: _____

Would I like to request a follow-up phone call?

Yes No



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Medication changes:

Were there changes to my medication? **Yes No**

If yes:

1. Medication name:
I am going to take this ____ times per day
I am going to stay on this for ____ days
Reason given: _____
2. Medication name:
I am going to take this ____ times per day
I am going to stay on this for ____ days
Reason given: _____

Other information for me or my caregivers:



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Doctor recommendations:

A large, empty rectangular box with rounded corners and a teal border, intended for writing doctor recommendations.