## medical appointment journey



| Appointment Details  |  |  |
|--|--|--|
| Appointment With   | Day, Date, & Time                      |  |
|  |  |  |
| Location   |  |  |
|  |  |  |
| Is This Appointment:   | Additional Needs?                      |  |
| Routine Follow-Up  | Wheelchair Interpreter                 |  |
| New Concern Specialist   | Advocate/Assistant Other               |  |
| Appointment Goals  |  |  |
| What is the most important thing you war                                     | nt to have happen in this appointment? |  |
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| Is there anything else you would like to have happen?                        |  |  |
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| Describe any changes or issues in your health since your last medical visit. |  |  |
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| Appointment With            | Day, Date, & Time |
|-----------------------------|-------------------|
|                             |                   |
|                             |                   |
|                             |                   |
| Questions, Answers, & Motes |                   |
| Question 1:                 |                   |
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| Answer 1:                   |                   |
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|                             |                   |
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| Question 2:                 |                   |
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| Answer 2:                   |                   |
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| Question 3:                 |                   |
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| Answer 3:                   |                   |
| Answer 3.                   |                   |
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| Notes                       |                   |
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