medical appointment journey



Appointment Details	
Appointment With	Day, Date, & Time
Location	
Is This Appointment:	Additional Needs?
Routine Follow-U	p Wheelchair Interpreter
New Concern Specialist	Advocate/Assistant Other
Appointment Goals	
What is the most important thing you wa	int to have happen in this appointment?
Is there anything else you would like to h	l ave happen?
7 8 7	11
Describe any changes or issues in your he	ealth since your last medical visit.

Appointment With	Day, Date, & Time
Questions, Answers, & Motes	
Question 1:	
Answer 1:	
Question 2:	
Answer 2:	
Question 3:	
Answer 3:	
Allswei 3.	
Notes	

