

Date _____

Member Name:	
Phone Number:	Street Address:

MEDICAL APPOINTMENT

Provider	Appointment time and date
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Reasons for This Appointment? Specific Symptoms?

1. _____
2. _____
3. _____
4. _____
5. _____

Are there any changes in your life that you want the doctor/nurse to be aware of?

1. _____
2. _____
3. _____
4. _____

What questions do you have for the doctor/nurse about your health conditions, symptoms or treatment?

1. _____
2. _____
3. _____
4. _____
5. _____

Have you been instructed to bring any particular equipment or records with you such as glucometer, home blood pressure readings, etc.? If yes, what?

1. _____
2. _____
3. _____

Date _____

What other items should you take to your appointment?

- Eyeglasses Medications Names of Other Doctors
 Hearing Aids Insurance \$ for co-pays
 \$ for transport Referrals Other _____

For procedures and surgeries

What are your pre-op regimens? _____

WORKING WITH YOUR HEALTH PAL MEMBER

1. Do you want me to sit with you and take notes as you speak with your doctor?

- Yes No

2. Would you like me to remain in the examination room with you during the physical exam?

- Yes No

You may let me know if you would like me to leave the examination room at any point during the appointment

3. Would you like me to remind you if you forget one of your designated questions?

- Yes No

4. Do you want me to request clarification from your doctor if something is unclear?

- Yes No

5. Is there any other specific help you would like from me, your Penn's Village HealthPal, during this visit?