

Completed by:

Date:

**MY APPOINTMENT**

Doctor's name:  
 Appointment Date/Time:  
 Transportation I will use:

**WHAT I NEED TO BRING**

Insurance card  
 My medications in a brown bag  
 Transition Information Form

**FILL IN BEFORE APPOINTMENT:**

Why am I going to doctor?  
 When does it bother me?  
 What do I want to know?  
 Do I need prescription refills?

**OTHER QUESTIONS (check if you would like to discuss)**

Eating healthy	Dental health
Exercise	Job
Sexual health	Communication
Mental health	Pain

**FILL IN AT APPOINTMENT**

What do I need to do?  
 Who will help me?  
 Reasons to call my doctor:  
 Do I have new prescriptions?  
 Were all my questions answered?  
 My next appointment is:

**DO AFTER MY APPOINTMENT**

My Healthy Transitions Score:  
 My Healthy Transitions Plan: