APPOINTMENT PREPARATION

Prepare your questions. Keep the next steps in one place.

Child's name: _____ **Date / time:** _____

Provider / specialty: _____

BRING: ☐ Medication list ☐ Care notes / records ☐ Questions ☐ Insurance card

MY TOP QUESTIONS / CONCERNS

What do we most need to understand or decide today?

CHANGES SINCE THE LAST VISIT

New concerns, progress, symptoms, routines, or medication questions.

WHAT WE DISCUSSED / NEXT STEPS

Care instructions, referrals, tests, or changes recommended by the provider.

FOLLOW-UP APPOINTMENT / TASK _____ **WHEN / WHO WILL ARRANGE IT** _____

WHO TO CONTACT WITH QUESTIONS / PHONE

Before leaving: confirm the plan, follow-up timing, and how you will receive any results.

MASON'S MISSION
FROM TRAUMA TO TRIUMPH