Do I need to do bloodwork or get a test I’m nervous about?

Here are some tips that might help!

- It’s OK to tell people that I am nervous or afraid.
- Ask the doctor or nurse to show me and explain what will happen before it happens.
- Bring something that helps me feel more comfortable.
  - Do I like listening to music?
  - Do I want to hold a ball or something squishy in my hand?
- Bring someone with me!
  - Hold their hand if I need to!
- Close my eyes.
- Turn my head, then look away at the wall.
- Count to 20.
- I can also ask any questions that I have!
- Be very proud of myself. I have been so strong and brave!
Today’s Health Care Visit

My Name: ________________________________________________

Today’s Date: ________________________________________________

Current list of my medications, pills and vitamins 
(attach it for the doctor)

I have a plan or drug card that pays for my medicine? Yes No

Why am I at the doctor’s today?

(Things like illness, changes happening with family, staff or friends; need forms filled out; would like a check-up, need more medication etc....)

Did I recently go see any other doctors or dentist? Yes No

Medications changes

Were there changes to my medication? YES or NO

If Yes:

1. Medication Name: ____________________________
   I am to take this ____ times per day.
   I am to stay on this for ________ days
   Reason Given: ______________________________________________

2. Medication Name: ____________________________
   I am to take this ____ times per day.
   I am to stay on this for ________ days
   Reason Given: ______________________________________________

Do I need any help getting or paying for my medication?

Other information for me or my caregivers:

Would I like a follow up phone call? Yes No
Understanding Today’s Visit:
My name: 
Doctor or Nurse’s name: 
Date: 

Why did I see the Doctor today?

What did the Doctor or Nurse do?

Appointments & Follow-Up

Do I have any new appointments? 

YES  or  NO

If Yes,
Doctor’s Name: ____________________________________________
Where: ____________________________________________________
Reason: ____________________________________________________
Date: ______________________________________________________

My biggest fear or worry about coming for health care is:

Some ways you can help me to better understand

Speak Slowly:  □  Repeat things:  □  Talk to my caregiver too:  □
Use Pictures:  □  Write it down:  □  Speak directly to me:  □
Other:  □  _________________________________________________

<table>
<thead>
<tr>
<th>Have any of these been bothering me in the last week:</th>
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<tbody>
<tr>
<td>Not sleeping well?</td>
</tr>
<tr>
<td>Not hungry?</td>
</tr>
<tr>
<td>Bath/washroom difficulties?</td>
</tr>
<tr>
<td>Emotional issues?</td>
</tr>
<tr>
<td>Feeling tired, no energy?</td>
</tr>
<tr>
<td>Mouth or teeth?</td>
</tr>
<tr>
<td>Sexual health?</td>
</tr>
<tr>
<td>Anything else?</td>
</tr>
</tbody>
</table>
Where does it hurt?

(Draw an ‘X’)