

My Appointment Planning and Action Tool

To get the most from my appointment

As a patient, you may choose to complete this form to help you organize your healthcare appointments and follow-ups. It is not intended to be completed or stored by your healthcare provider.

This section is a preparation sheet to help organize concerns and plans before the appointment day

Things for me to consider **before** I call (and things I might need to tell the office staff)

- What are the top 2 concerns I want to discuss at this appointment? *(Note these on the Action Plan)*
1. _____ 2. _____
- What questions do I need to ask *(Note these on the Action Plan)*
1. _____ 2. _____
- Do I need to arrange child/respite care? _____
- Do I need to take time off work? _____
- How will I get there? (10 minutes early) _____
 - What is my bus schedule, bus number, closest stop: _____
- Do I have prescriptions that need to be refilled? _____
- Do I need to bring my medications/vitamins/over-the-counter medications? Or can I bring a recent list from the pharmacy? Do I have a current list? _____
- Do I have forms to fill out before the appointment/do I have forms to drop off to be filled out? *(You probably can't get that done during the appointment time.)* _____
- Is my Health Card up to date? _____
- Do I have to update information with staff (new phone number, address, etc.) _____
- How will I remember my appointment? _____



My appointment date checklist

- ☐ I have packed my medications/supplements/over the counter drugs or a list of current medications from my pharmacy.
- ☐ I have a list of my main concerns and questions.
- ☐ I have transportation arranged so I arrive at least 10 minutes early.
- ☐ My phone is charged, my ringer is turned on and I'm in an area with cell reception for my phone appointment.
- ☐ I have completed any forms I was asked to complete.





My appointment details

Date: _____ Time: _____ Length: _____

Who will I meet with? name/role: _____

Is the appointment in *person* or by *phone*? (*unblock unknown callers*) _____

Do I need to bring medications or forms? _____

Do I have a support person? If yes, write down their name and contact number:

_____ (name)

_____ (phone number)

What are my top 2 health concerns?

What questions do I need to ask?

1. _____

1. _____

2. _____

2. _____

Our Action Plan

This section outlines the concerns for this appointment and actions needed after the appointment

Concerns from this appointment	Action for me	Complete by:	Action for my health team	Complete by:

Notes:

If you're seeing this as a paper version, scan me to find me online!



*We recommend that you keep these actions and notes in a binder as a record of ongoing care.

*This form is intended for patient use. Nova Scotia Health cannot be held responsible for the access, use, disclosure and destruction of this form, and it cannot be reissued if lost.