

My Appointment Planning and Action Tool



To get the most from my appointment



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:

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