



Doctor recommendations:

Today's health care visit



A tool for Special Olympics Vermont
athletes and their health care providers



Today's Health Care Visit:

My name: _____

Today's date: _____

Why am I at the doctor's today?

Examples: Illness, mental wellbeing, changes happening with family or friends, needing forms filled out, needing a check up, need more medication, etc.

Did I recently go to see another doctor or a dentist?

Yes

No



Medication changes:

Were there changes to my medication? **Yes No**

If yes:

1. Medication name:
I am going to take this ____ times per day
I am going to stay on this for ____ days
Reason given: _____
2. Medication name:
I am going to take this ____ times per day
I am going to stay on this for ____ days
Reason given: _____

Other information for me or my caregivers:



Appointments and follow up:

Do I have any new appointments? **Yes No**

If yes:

What day: _____

What time: _____

Doctor's name: _____

Where: _____

Would I like to request a follow-up phone call?

Yes No



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: _____

Have any of these been bothering me in the last week?

Emotional/mental issues?	
Not hungry?	
Bath/washroom difficulties?	
Not sleeping well?	
Feeling tired, no energy?	
Mouth or teeth?	
Sexual health?	
Anything else?	



What do I want to talk to the doctor about today?

(draw an X on the part of your body you want to talk about)

