Things I Don’t Want to Forget

Use this pad to list the things you want to discuss with your healthcare team.

Appointment with ____________________________ Healthcare provider

Date ____________ Time _______ Phone _______________________

Date ____________________________ Time ____________ Phone _______________________

Date ____________________________ Time ____________ Phone _______________________

Date ____________________________ Time ____________ Phone _______________________

Date ____________________________ Time ____________ Phone _______________________

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Date ____________________________ Time ____________ Phone _______________________

Date ____________________________ Time ____________ Phone _______________________

REMINDERS:

Test Results   Next Appointment   Symptoms   Side Effects
School Forms   Concerns          Referrals   Insurance
Prescriptions  Family Needs     Care Plan   Other Dr.’s Reports

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Family-Centered Care at The Children’s Hospital of Philadelphia®