



Medical Appointment Organizer

It is important to make the most of your visits with your teen's clinician. This tool will help you optimize these visits and give you the opportunity to capture information provided by the clinician. It will also allow your teen to present his or her questions or concerns to the clinician.

For many teens, the clinician conducts a portion of the medical visit without the parents present. This is a great opportunity for your teen to freely ask any questions they might have about their health. Your teen can use his or her own copy of the Medical Appointment Organizer to list any changes in health and ask any questions they might have for the clinician.

WHO SHOULD USE THIS TOOL?

Medical Appointment Organizers are to be used by both the teen and the parent or guardian in preparation for a clinical appointment. It is also very useful to capture notes during the appointment.

HOW SHOULD IT BE USED?

Print two separate copies of the Medical Appointment Organizer **BEFORE** your teen's medical visit. Have your teen independently complete his or her own copy of the organizer. Encourage them to come up with questions to ask their clinician.

Complete your own copy of the organizer. Remember to write down any questions you may have for your child's clinician. Prior to the visit, compare your copy and your teen's copy of the organizer, discussing any differences between the two.

During the visit, use the organizer to guide your discussion and to take notes. If the clinician makes any changes to your teen's medication regimen, be sure to make detailed notes. Make sure you and your teen fully understand how to take the medication. Before the visit ends, make sure that all of your (and your teen's) questions or concerns have been addressed.

After the visit, sit down with your teen and discuss the visit together. Keep the Medical Appointment Organizers in a safe place so that you can refer back to it if needed.

Medical Appointment Organizer

Child's Name	Date of Visit	Doctor's Name

Changes since child's last visit:	Less	Same	More	N/A
Feels restless/fidgets				
Interrupts/talks out of turn				
Easily distracted				
Has difficulty sleeping				
Other:				

Questions to ask during today's visit:	Notes
1.	
2.	
3.	
4.	

Changes to Medication Regimen?			
Medication	Dose	Take at	Notes

Follow Up Visit	
Date:	Time: