

Summary Checklist

Barrier/s

- Identified? Y/N
- Action Plan to break down your barrier/s

Goals

Long term goal is

Short term goal is

Documents

- ID & Insurance card (*if applicable*)
- Medication list
- Symptom list / history
- Outstanding issues
- Areas of concern
- Other (*disease specific*)

Don't forget...

- Pen and Paper

After the Appointment

- Action plan written
- Next appointment booked
- Reflection

Notes:

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