# TODAY'S VISIT

## Complete this form and take to the health care practitioner

Location of today's visit _____ Name of health care practitioner _____

Address _____ Phone # _____

Purpose of visit _____

_____

### Checklist of items to bring with you on appointment:

- ❑ This form completed
- ❑ Updated medication list
- ❑ Monitoring forms/charts (i.e. sleep, behavior, NTG-EDSD Tool/Screen, etc.)
- ❑ Summary of your medical history and medical records (For 1st time appointments and/or if needed)
- ❑ Health insurance card (if needed)
- ❑ Residential forms (CBRF, AFH, etc.)
- ❑ Something fun to do (if you have to wait i.e. book, puzzle, games, etc.)
- ❑ Other items requested by health care practitioner

Hello, My name is _____ I like to be called _____

I have an appointment with _____today.

I am a new patient: Yes ❑ No ❑ Phone _____ Address _____

Date of Birth _____/_____/_____ Gender: Male ❑ Female ❑

The person with me is: _____ and is my _____ (caregiver, family member, etc.)

He/She's contact info: _____ My pharmacy is: _____

I have these allergies: _____

❑ I am here because this is a follow-up appointment

You treated me for _____

I did ❑ did not ❑ take the medicine

I didn't take it because _____

I did ❑ did not ❑ do what you told me

I didn't do it because _____

_____

❑ I am here because I am having problems

I'm having problems with _____

I have pain ____ I feel sick _____ *(See back of form)*

It started and/or I noticed it _____

It occurs (how often) _____

I have treated myself at home by _____

_____

Possible causes/contributing factors could be: _____

I had changes in my living or social environment: Yes ❑ No ❑ (family illness/loss, move, etc.)

I had some recent medication changes: Yes ❑ No ❑

I had some recent physical changes (may also refer to the NTG-EDSD form): Yes ❑ No ❑

❑ Activity level ❑ Mobility ❑ Bladder ❑ Bowel ❑ Weight ❑ Swallowing ❑ Eating patterns ❑ Sleeping

Other _____

*Copy this on Light Green paper*