

Be prepared for your visit...



Caring 4 Us

Today I want to talk about...

1.

2.

3.

4.

I have questions about...

- | | |
|--|---|
| <input type="checkbox"/> My medicines | <input type="checkbox"/> Side effects of medicines |
| <input type="checkbox"/> How long will I take this medicine | <input type="checkbox"/> My test results |
| <input type="checkbox"/> What are the goals of this/these treatments | <input type="checkbox"/> How much my healthcare is costing? |

Notes:

My goals for today's visit are...

