

## Worksheet #2: MEDICAL APPOINTMENT CHECKLIST

Appointment date and time: \_\_\_\_\_

Doctor/specialty: \_\_\_\_\_

Location: \_\_\_\_\_

To be accompanied by: \_\_\_\_\_

### Checklist:

- Hearing aids
- Glasses
- List of all prescription medications, over the counter medications, and supplements currently being used
- Other: \_\_\_\_\_

### Observations and recent changes:

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### My questions:

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### Appointment notes:

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