Things I Don't Want to Forget

Use this pad to list the things you want to discuss with your healthcare team.

Appointment with _____
Healthcare provider

Date _____ Time _____ Phone _____

_____

_____

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_____

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REMINDERS:

Test Results	Next Appointment	Symptoms	Side Effects
School Forms	Concerns	Referrals	Insurance
Prescriptions	Family Needs	Care Plan	Other Dr.'s Reports

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2675/??/09-08