

|  |
| --- |
| Patient Visit Agenda |
| My name: Date of birth: |
| Main reason for today’s visit: |
| Other concerns I would like to discuss if there is time: |
| Check all that apply:   * I have prescriptions that need to be refilled * I need the attached forms filled out. * Other: |

|  |
| --- |
| Patient Preparation Checklist for Referrals |
| * Do I know who I am seeing? * Do I know why I am seeing this person? * Do I know how I am getting there? * Do I have my questions for this person written down? * What do I need to prepare for this visit:   + Bring medications?   + Bring records and/or x-rays?   + Change my usual eating?   + Other? * Is there anything else I should know about the visit? * Will my insurance cover the visit?   + If so, will there be co-pays or other charges?   + If not, how is the cost of the visit being covered? * Who do I call if I have trouble getting to the visit? Getting home from the visit? * What can I expect after the visit?   + Who will tell me what will happen next?   + Will I have to see this person again?   + How will my primary care provider know about my visit? |

Copyright © 2014 Stratis Health and KHA REACH. Updated 12/19/2014

