



## MAKING THE MOST OF YOUR OFFICE VISIT

### Getting Ready

#### **Bring**

- Your child's **immunization (shot) record, insurance card, co-pay**
- Pen/pencil **to take notes**
- **Supplies** (diapers, wipes, food, books, toys, etc) needed for two hours in case the visit lasts longer than expected or you need to make a trip for laboratory or x-ray studies

#### **Write**

- **Names / phone numbers** of all pediatricians, family doctors, nurse practitioners, therapists, clinics, hospitals, emergency rooms, and specialists who have cared for your child
- A list of **current medications / dosages and therapies**, including over the counter and herbal or cultural treatments, or bring the containers
- A list of your **questions**
- A list of any **symptoms** or changes in your child's health - when and how often they happen, what makes them better or makes them worse

#### **Think** about your child - at home and school, with their peers, with adults

- What does your child **enjoy** doing most?
- What things are **difficult** for her/him?
- What **successes** and **setbacks** do you wish to share?
- Have there been any recent **stressful events** (births, deaths, divorce/separation, moves, etc)?

### At the Office, Discuss with your physician or nurse practitioner

- Your list of **questions**
- Your list of **symptoms** or changes in your child's health
- Your list of current **medications**, etc
- **How your child has been doing** - at home, in school, with friends, with grown-ups
- Any **fears** or **concerns** that you have about yourself, your family, or your child

### Don't leave the office without

- Your **"weight/height suggestion sheet"** - be sure that the instructions are adapted to your child's age and needs - ask if you see things that don't look appropriate
- **Names** and **instructions** for medications and treatments
- Knowing **how long you should treat** your child with these medications / treatments
- Knowing what **side effects** and **cross reaction** of medications / immunizations you should look for and where to find more information if you want it
- Knowing whether there are **limitations** on what the child can eat or drink, etc
- Obtaining any necessary Insurance company **authorizations** for the recommended treatments or consultations
- Knowing if any **follow-up** is needed or any changes in symptoms that need reporting
- Making your **next appointment** for checkup (and follow-up if needed).

## **IMPORTANT INFORMATION**

**Names/phone numbers: (MDs, NPs, Therapists, Specialists, Clinics, Hospitals, ERs)**

<u>Name</u>	<u>Phone Number</u>	<u>Dates</u>
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

**Current medications / therapies:**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

**Questions:**

**Symptoms or changes in your child's health - when and how often they happen, what makes them better or worse?**

**What your child enjoys doing most?**

**What things are difficult for your child?**

**Any successes or setbacks?**

**Stressful events (births, deaths, divorce/separation, moves, etc.)?**