

This form is to help me better communicate with you, my doctor.
Thank you for taking care of me today.

INFORMATION ABOUT ME AND DECISION MAKING

FULL NAME:

ADDRESS:

MY PHONE NUMBER:

NAME OF EMERGENCY CONTACT:

PHONE NUMBER FOR CONTACT:

I can make my own decisions about my health care: Yes No

If no, this is who assists me in making decisions about my health care:

This person is my: Family Caregiver Other

To contact this person, please call:

I live: By myself With my family With my caregiver With roommates
 In a group home Other

SOME WAYS YOU CAN HELP ME STAY CALM AND BETTER UNDERSTAND

Talk slowly	Pictures help me:	Yes	No
Write it down	Bright lights bother me:	Yes	No
Use sign language	A lot of noise bothers me:	Yes	No
Use a voice app			
Talk to my caregiver too			
Other			

Describe the reason for your appointment (include your symptoms): <!-- General-

Do you have any medical problems that you go to the doctor for? Yes No
What are they?

Do you take any medication at home every day? Yes No
By prescription? No
Yes, list the names and dosages

Over the counter? No
Yes, list the names and dosages

Do you have allergies to medicines? No
Yes, list