



NOTES TO TAKE TO THE DOCTOR

Before the visit:

1. Why is your child seeing the doctor today?
2. How long has this been going on?
3. What have you tried so far?
4. What makes it better?
5. What makes it worse?
6. What made you decided to take your child to the doctor now?
7. What do you hope will happen at this visit?

Date of Visit: _____

Provider's Name: _____

Phone: _____

Child's Name: _____

