

What's the Plan?

Name:	Date of Birth:	Provider:
Parent's Name:		Today's Date:
What do I want to talk about today?		
Specifics today <ul style="list-style-type: none"> • What's new? • How have I been feeling? • Worries down the road? • What am I planning before the next visit or in the near future? 		
What do I hope to have happen?		
<ul style="list-style-type: none"> • Today • From the doctor • For me to do 		
Next steps? What needs to be done?		
<ul style="list-style-type: none"> • Labs • Change medicine • Check insurance 		
Who will do this?		
<ul style="list-style-type: none"> • Me • Parents • Doctors • Nurse 		
By when? (time frame)		
<ul style="list-style-type: none"> • Immediate • 1 month • 6 months • 1 year 		
If I think of anything else later, who do I call?		
<ul style="list-style-type: none"> • Questions • New appointments • Email Addresses 		

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