

Questions

1. 1. What concerns or goals would you would like to discuss in your upcoming visit?
2. 2. Please indicate if there are specific team members that you would like to see.
3. 2A. If other, please indicate which team members
4. 3. Do you have all of the medical equipment and medications you need?
5. 3A. If no, please describe the barriers:
6. 4. Do you need any medication refills?
7. 4A. If yes, please list the medication and pharmacy to send the prescription to:
8. 5. Are you experiencing any clinic-related anxiety that we can address at your appointment?
9. 5A. If yes, please explain
10. 6. What is one thing that is going on in your life that you would like to share with the team?
11. 7. If you have recently cancelled or rescheduled an appointment, what was the reason:
12. 7A. If other please explain