

# THE APPOINTMENT NAVIGATOR

PATIENT NAME:

DATE:

DOC/CLINIC:



## PRIORITY DIALOGUE

**1**

**Main Concern:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Addressed

**2**

**Main Concern:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Addressed

**3**

**Main Concern:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Addressed

## ★ OBSERVATIONS since last visit

	Status	Notes
Mobility & Balance		..... .....
Cognition & Mood		..... .....
Appetite & Weight		..... .....
Sleep Patterns		..... .....

**Bathroom Safety & Hygiene**

- Increase in leak frequency?
- Issues using bathroom safely?
- Noticed skin irritation/rash?

**Notes:** .....

.....

.....

# THE APPOINTMENT NAVIGATOR

PATIENT NAME:

DATE:

DOC/CLINIC:



## DOCTOR'S INSTRUCTIONS & TAKEAWAYS



### DIAGNOSIS/EXPLANATION

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### TESTS & PROCEDURES ORDERED

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### ADDITIONAL INSTRUCTIONS/ LIFE STYLE CHANGES

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



## MEDICATION CHANGES & ADHERENCE PLAN

MEDICATION	DOSAGE/FREQUENCY	START/STOP/CHANGE	ADHERENCE CHECK
			<input type="checkbox"/>
			<input type="checkbox"/>



## NEXT STEPS & SCHEDULED TESTS

### FOLLOW-UP APPOINTMENT

[Date]

[Time]

### REFERRALS TO SPECIALISTS

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### TIMELINES FOR TESTS/SCANS

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



## CAREGIVER'S ADVOCACY SCRIPT & KEY PHRASES



1. "Can you explain the plan in simpler terms?"
2. "What are the most common side effects of the new med?"
3. "What is the risk if we do nothing?"
4. "When should I call the office if symptoms change?"
5. "Could you clarify the next required test?"