Specialist appointment sheet

Walk in with the questions visible. Leave with the answers captured.

CHILD / HANDLE (OPTIONAL)

DATE

SPECIALIST / CLINIC

REASON FOR VISIT

What changed since the last visit?

My top three questions

Symptoms, patterns, or changes I want to mention

Specialist appointment sheet

Page 2 - capture the plan before you leave

What the specialist explained

Tests, referrals, or treatment changes

Next actions

- [ ] Schedule follow-up
- [ ] Confirm prescription or equipment change
- [ ] Watch for portal message or test result
- [ ] Send records to another provider
- [ ] Update school or care team

Who owns each next step?

ACTION	PERSON / DUE DATE
ACTION	PERSON / DUE DATE
ACTION	PERSON / DUE DATE

For organization and peer support only. Medical decisions belong with qualified clinicians who know your child's history.