



DOCTOR APPOINTMENT CHECKLIST

**childhood
dementia**
INITIATIVE

APPOINTMENT DETAILS

Date: _____ **Time:** _____

Doctor's Name: _____

Specialty: _____

Hospital/Clinic: _____

Address: _____ Contact Phone: _____

CHILDHOOD DEMENTIA AWARENESS

**Does this doctor know my child has
a childhood dementia condition?**

- ☐ Yes
☐ No
☐ Not sure

**Is this doctor familiar with how childhood
dementia can affect my child?**

- ☐ Yes
☐ No
☐ Not sure

**Key information about childhood
dementia for healthcare providers:**

- Childhood dementia conditions cause progressive brain damage affecting multiple body systems
- Symptoms may include cognitive decline, behavioral changes, physical symptoms, and seizures
- Many specialists may miss the broader impacts of childhood dementia on the whole child
- Symptoms and abilities can vary significantly from day to day
- Understanding the underlying condition is essential for appropriate care

CHILD'S INFORMATION

Name: _____

Birth Date: _____

Diagnosis: _____

Medicare Number: _____

CURRENT MEDICATIONS

Medication	Dose	Frequency	Last Changed	Prescribed By	Reason it was prescribed

MEDICATIONS MY CHILD HAS TAKEN BEFORE

Medicine name	What happened

Allergies: _____

OTHER SPECIALISTS INVOLVED IN CARE

Specialist Name	Specialty	Phone Number	Last Appointment

RECENT CHANGES OR CONCERNS

List changes since the last appointment (symptoms, behaviours, etc.):

1. _____
2. _____
3. _____
4. _____

KEY QUESTIONS FOR THIS APPOINTMENT

1. _____
2. _____
3. _____
4. _____

IMPORTANT QUESTIONS TO CONSIDER ASKING

- ☐ How does this symptom/issue relate to my child's condition?
- ☐ What is the purpose of this test/treatment?
- ☐ How will you coordinate with my child's other specialists?
- ☐ What side effects should we watch for?
- ☐ When should we follow up?
- ☐ **What changes should I report immediately?**
- ☐ **Who should I contact if I have concerns before our next appointment?**

DURING THE APPOINTMENT - NOTES

What was discussed: _____

Tests ordered: _____

Medication changes: _____

Recommendations: _____

FOLLOW-UP

Next appointment date/time: _____

Actions I need to take: _____

REMEMBER YOUR RIGHTS

- ✓ You are the expert on your child
- ✓ You have the right to clear information
- ✓ You can ask questions until you understand
- ✓ You can request second opinions
- ✓ You can ask specialists to talk with each other
- ✓ You can ask for a copy of the notes from the appointment

ADDITIONAL INFORMATION