



# EASY READ: MY DOCTOR VISIT FORM

childhood  
dementia  
INITIATIVE

## MY APPOINTMENT

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## ABOUT MY CHILD

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

## ABOUT MY CHILD'S CONDITION

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

- ☐ Yes  
☐ No  
☐ Not sure

**My child's condition can cause:**

- Changes in thinking, memory and learning
- Changes in behaviour and emotions
- Changes in physical abilities
- Different symptoms on different days

**It's important this doctor understands how childhood dementia affects my child.**

## MEDICINES MY CHILD TAKES NOW

| Medicine name | How much | When they take it | Who prescribed it | Why they prescribed it |
|---------------|----------|-------------------|-------------------|------------------------|
|               |          |                   |                   |                        |
|               |          |                   |                   |                        |
|               |          |                   |                   |                        |
|               |          |                   |                   |                        |

## MEDICINES MY CHILD HAS TAKEN BEFORE

| Medicine name | What happened |
|---------------|---------------|
|               |               |
|               |               |
|               |               |
|               |               |

Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## OTHER DOCTORS MY CHILD SEES

| Doctor Name | What They Help With | Phone Number |
|-------------|---------------------|--------------|
|             |                     |              |
|             |                     |              |
|             |                     |              |
|             |                     |              |

## CHANGES I'VE NOTICED

Things that are different since our last visit:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## QUESTIONS I WANT TO ASK

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## HELPFUL QUESTIONS I CAN ASK

- Why is this happening to my child?
- What is this test/treatment for?
- Will you talk to my child's other doctors?
- When do we need to come back?
- **What should I watch out for?**
- **When should I call you?**

## NOTES FROM TODAY'S VISIT

What the doctor said: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tests needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medicine changes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What we need to do next: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## OUR NEXT APPOINTMENT

Date: \_\_\_\_\_ Time: \_\_\_\_\_

## THINGS TO REMEMBER

- ☒ I know my child best
- ☒ I can ask for clear information
- ☒ I can ask questions until I understand
- ☒ I can ask for another opinion
- ☒ I can ask doctors to talk to each other
- ☒ I can ask for a copy of the doctor's notes

## ADDITIONAL INFORMATION