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If you were referred to another provider, clinic, or department, make sure you know this information before you leave the office.

What is the name of the person, clinic, or department I'm supposed to see? \_\_\_\_\_

Do I call them or do they call me? \_\_\_\_\_

Who do I contact to make the referral? If so, how? \_\_\_\_\_

How quickly do I need to be seen by this other provider? \_\_\_\_\_

When should I expect to hear back from this other provider? \_\_\_\_\_

What should I do if I don't hear back from this other provider, or if they cannot see me in time? \_\_\_\_\_

Why have I been referred to this other provider? \_\_\_\_\_

Should I bring anything special with me when I see this other provider? \_\_\_\_\_

**Tip:** Make sure the provider you have been referred to knows about any accommodation needs that you have.

## Getting A Lab, X-Ray, Or Other Test

If your healthcare provider has ordered labs, X-rays, or other tests, make sure you know this information before you leave the office.

What is the name of the test or procedure? \_\_\_\_\_

Where do I go to have the test or procedure done? \_\_\_\_\_

Do I need to do the test or procedure at a special time or day? When? \_\_\_\_\_

Do I just show up for the test or procedure, or do I have to schedule an appointment? \_\_\_\_\_

Who do I schedule the appointment with, and how do I do it? \_\_\_\_\_

Are there special instructions? Example: Fast for 12 hours before the test. \_\_\_\_\_

What will the test or procedure be like? Example: will there be strange sounds or sensations? \_\_\_\_\_

How will I learn the results of the test? \_\_\_\_\_

**Tip:** Make sure the people who will be doing the labs or tests know about any accommodation needs.

**Tip:** Ask your healthcare provider for help preparing for labs or tests.

## Taking A Medication

If the provider prescribed medication, make sure you know this information before you leave the office.

What is the name of the medication? \_\_\_\_\_

Has the prescription been sent in to the pharmacy, or do I need a paper copy of the prescription? \_\_\_\_\_

Where is the pharmacy? \_\_\_\_\_

How many pills or how much liquid do I take at a time? \_\_\_\_\_

How many times a day or week do I take it? \_\_\_\_\_

What time or times of day should I take it? \_\_\_\_\_

Do I take it before or after eating? \_\_\_\_\_

Do I take it just when I have a symptom or on a schedule? \_\_\_\_\_

When do I stop taking it? \_\_\_\_\_

How do I get refills, if I need them? \_\_\_\_\_

Are there interactions with sunlight, medication, or foods?  
\_\_\_\_\_

What side effects should I look out for? \_\_\_\_\_

What do I do if there are side effects? \_\_\_\_\_

Should I avoid any particular activities? \_\_\_\_\_

Do I need to store the medication in a special way? \_\_\_\_\_

