



Date of appointment _____ Time _____ Appointment with _____ [doctor]

Goal: We want to help make sure you know everything you need to know to give your child the best care.

BEFORE EACH CLINIC VISIT FILL IN THE FOLLOWING TO BRING WITH YOU Use the lines provided to jot down questions, comments, or concerns you want to discuss with your child's doctor.

Do you have any questions for your child's doctor/nurse today?

For instance you might have questions:

that you thought of during or after the last visit?

on what to do if your child is feeling worse than usual?

on when to go to the emergency room?

on when to give pain medicine?

on how to prepare your child's medicines?

on how to give the medicine and/ or when?

on what to do if your child misses a dose of medicine?

List any medicine prescriptions that you need renewed. Check your child's medicines and see if any are expired.

Were there any problems in giving the medicine in the last month?

PAIN CONTROL... fill in the # of ml or tablets your child should take after asking the doctor.

What type of Tylenol does your child take?

___ ☐ Tylenol infant drops ___ ☐ Children's Tylenol Syrup

___ ☐ Junior Chewables 80mg (ages 2-6) ___ ☐ Junior Chewables 160mg (ages 6-11) ___ ☐ 325mg Tablets

Is your child on any other pain medicine? _____

The amount of pain medication that is effective for your child depends on weight. Talk to your doctor and make sure you have the right dose for your child.



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DURING THE VISIT DISCUSS THE FOLLOWING WITH YOUR CHILD'S DOCTOR:

IF YOU GET A PRESCRIPTION FOR A NEW MEDICINE ask your child's doctor the following questions for each...

(enter the drug name corresponding to each prescription in the space below)

Prescription 1: _____ Prescription 2: _____ Prescription 3: _____

- | 1 | 2 | 3 | <i>Check off as you go through:</i> |
|--------------------------|--------------------------|--------------------------|--|
| ☐ | ☐ | ☐ | What is this medicine for? |
| ☐ | ☐ | ☐ | How do I give it? |
| ☐ | ☐ | ☐ | Is there any special preparation or handling? |
| ☐ | ☐ | ☐ | What side effects should I watch out for? |
| ☐ | ☐ | ☐ | How long will my child be on it? |
| ☐ | ☐ | ☐ | What do I do if I forget a dose? |
| ☐ | ☐ | ☐ | What do I do if my child vomits the medicine? |
| ☐ | ☐ | ☐ | If I have problems with this medicine when I'm home, where do I look for help? |

Use the lines below to write down important notes.

AFTER AN INCREASE OR DECREASE IN DOSE OF MEDICINE ask your child's doctor the following questions for each... (enter the drug name corresponding to each prescription in the space below)

Prescription 1: _____ Prescription 2: _____ Prescription 3: _____

- | 1 | 2 | 3 | <i>Check off as you go through:</i> |
|--------------------------|--------------------------|--------------------------|--|
| ☐ | ☐ | ☐ | Why are you changing the dose? |
| ☐ | ☐ | ☐ | Is there any change in how I prepare or give the medicine? |
| ☐ | ☐ | ☐ | Should I be monitoring this medicine differently? |
| ☐ | ☐ | ☐ | What happens if I give the old dose? |

Use the lines below to write down important notes.

Please write down the new dose for me or put it on my HoMeS calendar so I can tell other people at home