

**Preparing for our Visit**

**Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Appointment date and Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How is my child doing?**

**Mood**

**Anxiety**

**Thoughts**

**Sleep**

**Appetite**

**Exercise**

**Relationships**

**School and play**

**Medicine side-effects**

**Physical health**

**Other problems in my child’s life**

**What are my goals for my child?**

**In the next two weeks**

**In the next two months**

**In the next year**

**What do I want the doctor to do for me today?**