



Get Ready for Your Visit!

Fill this in and take it to your visit.

My appointment is:

Date: _____ Time: _____ a.m. p.m.

Provider: _____

Today, I want to talk about...

My questions

My health goals



Health First
COLORADO™

Colorado's Medicaid Program



At Your Visit

Fill this in during your visit.

What the provider told me

Notes

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Next steps

Tests I need	Test results (fill in later)

Medicines to take	How to take them

Other things to do

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My next appointment is:

Date: _____ Time: _____ a.m. p.m.

Provider: _____