



DOCTOR APPOINTMENT

MY NAME IS: _____

MY BIRTHDAY IS: _____ **MY EMERGENCY CONTACT IS:** _____



**I need a refill on
my prescription**

**I have aphasia.
I have difficulty speaking/understanding.
Please be patient with me.**



**I need a
prescription for
PT/OT/SLP**



I'm having pain.



**What are the results
of my blood test?**



**What are the results
of my x-ray?**



**When is my next
appointment?**

PLEASE SEE ATTACHED PAGE FOR ALLERGIES & LIST OF CURRENT MEDICATIONS