

Appointment Checklist

Please use this checklist to make sure that you have the listed items ready nearby for your video visit.

I have a,

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 1. quiet, private space for the appointment | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. fully charged device (& charging cable) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. stand to hold my smart phone/ tablet | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. glasses / hearing aid / walker | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. health card | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. list of my medications | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. name, phone number of my pharmacy | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. list of my questions for the care provider | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. pen and paper to take notes | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Note: Be prepared to wait for your care provider to start the video visit as s/he may be running late.