

# APPOINTMENT CALENDAR, BY MONTH

Visit [www.pearlpoint.org/worksheets/](http://www.pearlpoint.org/worksheets/)  
to access all worksheets.

Month: \_\_\_\_\_

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Notes:

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# APPOINTMENT CALENDAR, BY WEEK

Visit [www.pearlpoint.org/worksheets/](http://www.pearlpoint.org/worksheets/)  
to access all worksheets.

Week of: \_\_\_\_\_

MONDAY	<input type="checkbox"/>
TUESDAY	<input type="checkbox"/>
WEDNESDAY	<input type="checkbox"/>
THURSDAY	<input type="checkbox"/>
FRIDAY	<input type="checkbox"/>
SATURDAY	<input type="checkbox"/>
SUNDAY	<input type="checkbox"/>

Notes:

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# APPOINTMENT DETAILS

Visit [www.pearlpoint.org/worksheets/](http://www.pearlpoint.org/worksheets/) to access all worksheets.

Use this sheet to plan the details of an appointment in advance

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Provider Name:** \_\_\_\_\_

**Reason:**

- Office Visit
- Imaging
- Lab Work
- Treatment
- Surgery
- Other \_\_\_\_\_

**Transportation:**

\_\_\_\_\_

**Lodging:**

\_\_\_\_\_

**Questions for the Healthcare Team:**

\_\_\_\_\_

\_\_\_\_\_

**Notes:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Appointment Tote Bag Checklist

Don't forget to take these items with you, especially on long appointment days.

- Medical history
- List of medications
- Health insurance card
- List of questions
- Book, magazine, puzzle book
- Music player and headphones
- Phone charger
- Blanket and/or extra cardigan
- Water bottle
- Snacks
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_