



What does your child like to be called? \_\_\_\_\_

## What's on your mind?

Our patients /families and staff have designed this form for you and your child to make sure all your questions are answered.

What questions do you have for your child's visit/provider today? For example,

- Your expectations about today's visit*
- Next steps about caring for your child at home*
- About your child's procedure*
- Medications*

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