

Appointment Card Activity Sheet

Get Healthy Medical Group
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M _____

has an appointment on

MON TUES WEDS THURS FRI

DATE _____ **AT** _____

HOURS BY APPOINTMENT

If unable to keep appointment, kindly give 24 hours notice.



Every time you talk with a doctor, nurse, or pharmacist, use the **Ask Me 3** questions to better understand your health.

3 Good Questions

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

At The Pharmacy

D	O	S	E	D	M	T	B	Y	U	I	O
R	A	E	S	D	A	O	O	F	I	V	E
O	I	N	T	M	E	N	T	P	N	O	S
P	P	V	A	A	R	E	T	H	A	M	W
S	D	I	B	T	C	T	L	A	U	I	A
A	S	T	L	L	I	F	E	R	S	T	L
D	D	A	E	L	R	M	E	M	E	A	L
R	S	M	T	A	S	D	E	A	A	K	O
O	A	I	L	U	S	P	A	C	Q	E	W
W	E	N	D	R	U	G	S	Y	R	U	P
S	I	D	E	E	F	F	W	C	T	S	S
Y	A	R	P	S	A	S	A	F	T	E	R

Word Bank:

Bottle
Cream
Dose
Drops
Drowsy
Drug

Meal
Nausea
Ointment
Pharmacy
Refill
Side Effects

Spray
Syrup
Swallow
Tablet
Vitamin
Vomit

Health Resources Worksheet

Medical Emergency phone: **911**

Fire Emergency phone: **911**

Police Emergency phone: **911**

Local poison control phone: _____

Doctor (or clinic) name: _____

Phone: _____

Drugstore (pharmacy) name: _____

Phone: _____

Hospital name: _____

Phone: _____

Dentist name: _____

Phone: _____

Other health information numbers:

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Parts of the Body

F	O	L	N	E	C	K	D
W	F	W	U	Y	E	O	T
E	I	H	E	E	L	E	O
F	N	A	I	K	I	F	N
G	G	N	J	P	P	G	G
X	E	D	O	L	S	T	U
M	R	A	C	S	U	Y	E
Z	A	W	X	H	E	A	D

Word Bank:

Arm
Eye
Finger
Hand
Head
Heel
Hip
Lips
Neck
Nose
Toe
Tongue

Symptoms

C	O	U	G	H	X	Y	F
O	F	A	S	E	S	S	A
L	E	Y	T	A	L	T	T
D	V	Z	G	D	L	I	I
D	E	Z	P	A	I	N	G
S	R	I	T	C	H	G	U
K	A	D	E	H	C	A	E
N	A	U	S	E	A	S	W

Word Bank:

Chill

Cold

Cough

Dizzy

Fatigue

Fever

Headache

Itch

Nausea

Pain

Sting

Symptoms Your Doctor Should Know About

1. I have a pain in my foot. I can't stand on it.
2. I have a sore throat.
3. My head hurts. The light makes it hurt more.
4. My child has a cut that is bleeding. I can't make the bleeding stop.
5. I have a fever and chills and diarrhea.
6. My chest hurts. It feels like I can't breathe.
7. My baby has a red rash on her stomach. It looks itchy.
8. My child's nose is runny. He feels bad.
9. I slipped and fell down. I have a backache.
10. I burned my hand on the stove. I have a big blister.