

What do you need?

(choose as many as are appropriate)

(These are just meant to help start our conversation. Please add as many you would like help with. We may not address all of these on your first visit.)

Medical:

I am concerned about or want:

- What is wrong with my child
- What my child has been diagnosed with
- A second opinion
- You to assume neurologic care
- My child's symptoms (such as pain, difficulty controlling temperature, sweating, recurrent intestinal bloating & pain (ileus), abnormal movements, poor motor control, _____)
- That my child seems to be losing skills
- My child is having medication side effects
- That my child is on the best medication. Looking to optimize medication management
- A comprehensive written neurologic plan & recommendations
- Other: _____

Emotional:

I am concerned:

- That my child is anxious depressed Other _____
- About how I am/my family is/are coping with my child's illness

- That my child is getting older and I don't know enough about transitioning her/him to adult services and providers
- Other _____

Practical:

I am concerned:

- That my child needs more services
- That there are too many doctor visits and I can't keep track
- That there are too many medications and I can't keep track
- Other _____

Optimize and Coordinate care

I would like:

- To have a written emergency neurologic plan
- To have a school plan for neurologic symptoms
- Help coordinating and integrating care between your child's primary provider as well as other medical & surgical specialists including their regular neurologist (if there is one), behavioral health specialists & rehabilitation therapists
- Recommendations to help with school educational planning (504 plan and IEP)
- You to work with the school and/or involved agencies to educate them about my child's diagnoses

Other concerns/questions (use additional sheets if necessary):
