

HEALTH CARE NOTES SHEET



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Use this handout to gather and track information about your child's healthcare appointments.

Organization name:

Type of doctor:

Health care provider:

Address:

Phone number:

Accepting new patients? Y/ N

Accepts your insurance or payment method? Y/ N

Bilingual staff or interpretation services? Y/ N

Date and time of appointment:

Notes:

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Type of doctor:

Health care provider:

Address:

Phone number:

Accepting new patients? Y/ N

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Date and time of appointment:

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