

Problem(s)

List major presenting problems & concerns

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Images

Drawing a picture may help patient understanding

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Possible Causes

List at least three causes

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Testing & Treatment

List step-wise tests/treatments & how each would change management

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Call Immediately If...

List red flags and/or triggers that should prompt urgent evaluation or a change in plan

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Timelines & Follow-Up

List when & how follow-up will occur

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Your Thoughts & Questions

List and address concerns to improve understanding & lower barriers to care

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Name:



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