



Memory Jogger / Check List



No concerns at this time.

Areas of Focus	Questions	Discussed/Follow Up
 MEDICATIONS <input type="checkbox"/> No concerns at this time.	Do you/your child need any new prescriptions? Do your/your child's medications need authorizations? Do you/your child need supplies to test your blood sugar?	
 NUTRITION <input type="checkbox"/> No concerns at this time.	Do you/your child have food to eat? Are you concerned about your child's or your weight? Do you/your child need supplements? Do you/your child need enteral supplies? Do you/your child need vitamins?	
 RESPIRATORY <input type="checkbox"/> No concerns at this time.	Is your/your child's equipment working properly? Do you/your child need new nebulizer cups? Do you/your child want to try a new form of airway clearance? Do you/your child know how to clean your equipment?	
 RESOURCES <input type="checkbox"/> No concerns at this time.	Are you able to get your/your child's medications? Can you afford your/your child's medications? Do you have new insurance? Can you afford your utilities?	
 RELATIONSHIPS <input type="checkbox"/> No concerns at this time.	Are you/your child feeling sad or anxious? Do you/your child feel more stressed than normal? Have you/your child missed school or work in the last 2 weeks? Do you have a support system?	
<input type="checkbox"/> No concerns at this time.	Will you be moving? Will you/your teen be going to college, starting a new job, or getting married?	

Notes: