

FINDING A HEALTHCARE PROVIDER WORKSHEET

Use this worksheet to organize your thoughts and prepare questions to ask when selecting a new health care provider (e.g., a primary care physician, specialist, or mental health provider).

PRE-APPOINTMENT


Section 1: Basic Information

1. What is the provider's full name and specialty?
2. What clinic or hospital are they affiliated with?

Section 2: Insurance & Cost

3. Do they accept my insurance plan?
☐ Yes
☐ No
☐ Not sure - I need to call my insurance
4. Are there co-pays, deductibles, or out-of-pocket costs for visits?
5. Do they offer payment plans or sliding scale fees (if not insured)?

Section 3: Access & Availability

- | | |
|--|--|
| 6. What days and times are they available for appointments?
<input type="checkbox"/> Early mornings
<input type="checkbox"/> Evenings
<input type="checkbox"/> Weekends | 7. How easy is it to schedule an appointment?
<input type="checkbox"/> Same week
<input type="checkbox"/> Within 2 weeks
<input type="checkbox"/> More than 2 weeks |
| 8. Do they offer telehealth or virtual visits?
<input type="checkbox"/> Yes
<input type="checkbox"/> No | 9. Do they have interpreter services (if you need them)?
<input type="checkbox"/> Yes
<input type="checkbox"/> No |
| Notes: | |
- 

POST-APPOINTMENT

Section 4: Communication Style

10. Do they listen to your concerns and explain things clearly?

☐ Yes

☐ No

Notes:

11. Are they respectful of your background, values, and preferences?

☐ Yes

☐ No

12. How easy is it to contact them between visits (e.g., phone, portal)?

Section 5: Office & Staff Experience

13. Is the office staff helpful and respectful?

14. How long is the typical wait time for appointments?

15. Is the office clean, accessible, and easy to get to?

Section 6: Personal Preferences & Values

16. Do I feel comfortable with this provider? Why or why not?

17. Are they experienced with any specific conditions or needs I have?

18. Do they support a collaborative approach to care?

☐ I want a provider who makes decisions with me

☐ I prefer the provider to take the lead

Notes:

Final Thoughts

What did I like most about this provider?

Are there any red flags or concerns?

Would I recommend them to a friend or family member?

Tip:

Complete and compare steps 1-3 for a few different providers before selecting one to schedule with

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