

OPA for Provider Appointments

Date: _____

- 1) **Organize** random concerns that come to mind by listing them from top to bottom in the left-hand column.
- 2) **Prioritize** the random concerns by number. Most important concern assigned number 1, second most important concern assigned number 2, etc. Write numbers in the small square boxes next to your concerns.
- 3) **Act!** Share with your provider what you would like to address, starting with number 1. Write the providers answers to your concerns in the right hand column. Continue to bring you OPA Provider Form to your future appointments.

Topics to discuss with Provider		Solutions/Suggestions	
4.		1.	
7.		2.	
6.		3.	
2.		4.	
5.		5.	
1.		6.	
3.		7.	
		8.	
		9.	
		10.	
		11.	
		12.	
		13.	
		14.	

