How to Talk To Your Doctor
Group Session Report and Checklist

Make copies of and collect the following:

☐ Pre-class questions
☐ Post-class questions
☐ Informed Consent document (Make 2 copies. Participant keeps one; collect signed copy and return.)
☐ Participant sign-in slip (2 per page; cut in half)

Session date: _____________________ Number of participants: _____________________

Session conducted by (name): ______________________________________________________

Role of person conducting session (i.e., Extension agent, volunteer): _______________________

County where session was conducted: _________________________________________________

Session location (i.e., church, community center, DHS): _________________________________

Return this form with items listed above to:

Dr. Lisa Washburn
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2301 South University Avenue
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