My Doctor Visit

List your Questions/Updates for this Doctor visit: Be specific, but brief. Complete this form before your appointment and take it with you.

1. _____

2. _____

3. _____

4. _____

Identified Concerns With:

- ❑ Advance Directives
- ❑ Medication Review
- ❑ Physical Activity
- ❑ Depression/Anxiety/other mental health
- ❑ Ongoing health problems (heart disease, diabetes, etc.)
- ❑ Preventative tests and screenings
- ❑ Fall prevention
- ❑ Pain screening
- ❑ Weight (gain, loss)

Medications: Before your appointment, make a list of all the medications you take. This should include any prescription, over-the-counter, herbal, vitamins, and supplements. After you make your list, put all your medications in a bag along with the bottles they came in. Bring everything (list and bag) with you to the doctor. If you have any questions about your medications (like side-effects), add them to the list above.

Important Information from Your Doctor: Ask your doctor to help you write notes and/or instructions during the visit. What did the doctor tell me I need to do (medications, diet, activity, see specialist)? Why is it important for me to do this?

1. _____

2. _____

3. _____

4. _____

Next visit date: _____

Physician's Name: _____

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