

Doctor Visit Information Sheet

	My Medical Condition	Medication Taken for the Condition	How I Feel Today
#1		Name of Medication: How Often Per Day Taken: Milligrams:	
#2		Name of Medication: How Often Per Day Taken: Milligrams:	
#3		Name of Medication: How Often Per Day Taken: Milligrams:	

Notes To Make Before Your Visit

- ▶ What would you like the doctor to do for you at your visit?
- ▶ Are there any concerns you have about your health?
- ▶ Do you have any questions or concerns about any of your medications?
- ▶ Are there any forms you need your doctor to sign or any prescriptions you need refilled?
- ▶ Do you have any questions about which preventive health screenings are appropriate for you?
- ▶ Are there any other specific questions you would like the doctor to answer for you during your visit?
 - 1.
 - 2.
 - 3.

Notes To Take During Your Visit

- ▶ What do you think the problem or diagnosis is?
(If you are confused by medical terms, remember to ask for simple definitions.)
- ▶ Do I need any tests to rule out or confirm your diagnosis? If so, what tests do I need?
Where do I go for the test(s) and how and when will I get the test results?
- ▶ What do I need to do to treat the problem? How can I prevent it in the future?
- ▶ When do I need to call or see you again?
- ▶ How are costs handled for this visit and tests?