

# Doctor Visit Book

## Questions or concerns you have for your doctor:

1.

---

---

2.

---

---

3.

---

---

## Any health or life changes since your last visit?

---

---

---

## Discuss these important topics:

### 1. Falls

Have you fallen since  
your last visit?

### 2. Physical Activity

What's the right  
amount for you?

### 3. Bladder

Have you had any  
issues with bladder  
control?

