

Preparing for Your Doctor's Appointment

Your doctor has about 15 minutes to spend with you.

This form will help you prepare for your appointment, so you get your questions answered.



QUESTIONS – I want to talk with my doctor about these concerns:

(List in order of priority. Use another piece of paper if you need more room.)

Concern #1 _____

Concern #2 _____



SYMPTOMS – I am having these symptoms:

(Use another piece of paper if you have more symptoms.)

Symptom: _____

When did it start? _____

Is it constant, or does it come and go? _____

What makes it better or worse? _____



HABITS – I want to share a few things about my life that could affect my health:

Your doctor may ask you some personal questions about your life to provide the best care possible. For example, the doctor may ask:

- Where you live
- What you eat
- How you sleep
- About your activities (job, interests)
- If you smoke, drink, or use drugs
- About any important relationship

Answer questions as honestly as possible. If you are uncomfortable answering, tell your doctor.



ADDITIONAL CONCERNS – I have these additional concerns or stresses:

Your health affects other parts of your life, and your life affects your health. Tell the doctor if you have any major stresses (loss of a job, a divorce, stress about medical care, death of a loved one). Your doctor may ask personal questions. The doctor isn't being impolite but wants to provide the best care.



ALLERGIES – I have these allergies:

(Use another piece of paper if you have more allergies.)

Allergy	Reaction



MEDICATIONS – I’m taking these medications:

Your doctor needs to know about all your medications. Make a list and bring everything with you to your visit (prescriptions, eye drops, vitamins, supplements, laxatives, and herbs). Your doctor will ask how often you take each medication, any drug allergies or reactions, which medications *work* best, and the name and address of your pharmacy. *(Use another piece of paper if you have more medications.)*

Name of Medication	Strength/Dose	How Often	Reason for Taking It

Name, phone number and address of your pharmacy: _____



BEFORE LEAVING THE OFFICE – Do you have all this important information

Diagnosis: _____

Treatment options: _____

New medication: _____ Dose: _____ When to take it: _____

Reason for medication? _____ Possible side effects: _____

Pharmacy where you’ll pick it up: _____

Date and time of follow up visit: _____

Referrals made to specialists and tests and when I should hear from them? _____

How to contact my doctor and staff (during and after hours): _____
