

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.

QUES	STIONS – I want to talk with n	ny doctor about these concerns:
(List i	n order of priority. Use another	piece of paper if you need more room.)
Concern #1		
Concern #2		
.		
SYMI	PTOMS – I am having these sy	/mptoms:
(Use	another piece of paper if you ha	ve more symptoms.)
Symptom:		
When did it	start?	
Is it constan	it, or does it come and go?	
What makes	s it better or worse?	
наві	TS – I want to share a few thi	ngs about my life that could affect my health:
	doctor may ask you some perso xample, the doctor may ask:	nal questions about your life to provide the best care possible.
	Where you live	 About your activities (job, interests)
	What you eat	 If you smoke, drink, or use drugs

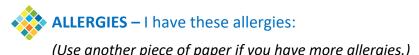
Answer questions as honestly as possible. If you are uncomfortable answering, tell your doctor.

About any important relationship

ADDITIONAL CONCERNS – I have these additional concerns or stresses:

How you sleep

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.



BEFORE LEAVING THE OFFICE — Do you have all this important information agnosis: atment options: w medication: Dose: Possible side effects:	Allergy		Reaction		
Your doctor needs to know about all your medications. Make a list and bring everything with you your visit (prescriptions, eye drops, vitamins, supplements, laxatives, and herbs). Your doctor wi ask how often you take each medication, any drug allergies or reactions, which medications wor 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 ame, phone number and address of your pharmacy: BEFORE LEAVING THE OFFICE — Do you have all this important information agnosis: eatment options: by medication: Dose: When to take it: ason for medication? Possible side effects:					
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narmacy where you'll pick it up:		o:			
ate and time of follow up visit:	narmacy where you'll pick it up				

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