



Getting Ready for My Visit

Name:

Date of Birth:

Phone Number:

*If you need more space, use the back of this form.

VISIT

My visit is with:

Visit date and time:

Address:

Phone:

How am I going to get there? What supports do I need?

WHAT TO BRING

- ① Medications: Bring all pills I am taking, including vitamins.
- ② Insurance cards
- ③ My health notebook with logs or tracking forms
- ④ Copies of notes, reports, tests, or labs ordered by other doctors
- ⑤ A calendar for scheduling my next appointment
- Other:

REASON FOR VISIT

What do I want to talk about today?

What happened since my last visit?

- | | |
|--|--|
| <input type="checkbox"/> I've been fine | <input type="checkbox"/> I was sick |
| <input type="checkbox"/> I started a new treatment | <input type="checkbox"/> I stopped an old treatment |
| <input type="checkbox"/> I have seen another doctor or nurse | <input type="checkbox"/> I have had tests done |
| <input type="checkbox"/> I have been to the emergency room or hospital | <input type="checkbox"/> I have had changes in caregivers or |
| <input type="checkbox"/> Other: | |

What do I need explained?

- I have questions about: Eating healthy Exercising My feelings My medications
 My teeth Pain Sexual health Other:

My questions are:

Do I need any refills or paperwork? Yes No

Who needs to be told about the results of this visit?

Name:

Tel:

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