
DOCTOR VISIT CHECKLIST

Current Medications-Vitamins-Herbal Remedies-Treatments / Reason *(fill this out before your doctor visit):*

1. _____ / _____
2. _____ / _____
3. _____ / _____
4. _____ / _____
5. _____ / _____
6. _____ / _____
7. _____ / _____
8. _____ / _____

List your current medical problems in the order of their importance, starting with your primary medical concern. This list will remind you of your questions and allow you to write down the doctor's answers. Review this form before the doctor leaves the exam room to make sure that all of your questions have been answered.

PROBLEM #1

Complete before your doctor visit

List the primary problem/concern:

When did the symptoms begin?

Have you experienced these symptoms before? If so, when and what was the treatment?

Updates to your medical history (i.e. has anything in your medical history changed since you last saw this doctor?):

Recent lifestyle changes (i.e. stress, personal issues, sudden weight loss or gain):



Questions to ask during your doctor visit

What is my diagnosis?

What does my diagnosis mean? Is there a cure?

What are my treatment options?

Is a follow-up appointment needed? If so, when and with whom?

If medication is prescribed, what will the medication do and what are the side effects?

How will I know the medications are working?

Do I need to modify my behavior? If so, how?

Will I need further tests or procedures? If so, which ones?

Additional Notes:



PROBLEM #2

Complete before your doctor visit

List additional problem/concern:

When did the symptoms begin?

Have you experienced these symptoms before? If so, when and what was the treatment?

Questions to ask during your doctor visit

What is my diagnosis?

What does my diagnosis mean? Is there a cure?

What are my treatment options?

Is a follow-up appointment needed? If so, when and with whom?

If medication is prescribed, what will the medication do and what are the side effects?

How will I know the medications are working?

Do I need to modify my behavior? If so, how?



Will I need further tests or procedures? If so, which ones?

Additional Notes:

PROBLEM #3

Complete before your doctor visit

List additional problem/concern:

When did the symptoms begin?

Have you experienced these symptoms before? If so, when and what was the treatment?

Questions to ask during your doctor visit

What is my diagnosis?

What does my diagnosis mean? Is there a cure?

What are my treatment options?



Is a follow-up appointment needed? If so, when and with whom?

If medication is prescribed, what will the medication do and what are the side effects?

How will I know the medications are working?

Do I need to modify my behavior? If so, how?

Will I need further tests or procedures? If so, which ones?

Additional Notes:
