

PREPARING FOR A HEALTH CARE VISIT

Date: _____

Reason for my visit: _____

Main questions and concerns (try to limit to one sentence, if possible):

1. _____
2. _____
3. _____

Symptoms I am having:

1. _____
2. _____
3. _____

When my symptoms started: _____

Other health care providers I have seen recently:

1. _____
2. _____
3. _____

New medications I am using (include over-the-counter and herbal):

1. _____
2. _____
3. _____
4. _____
5. List additional medications on the back of this form.

Anything else my provider should know:

1. _____
2. _____
3. _____
4. _____