



My Doctor Visit

Appointment Date & Time:

Doctor Name/Specialty:

Phone Number:

Use the space below to write down any questions and concerns you'd like to go over with your doctor during your appointment. Bring this form with you. As you go over each item, write down any notes or instructions your doctor gives you.

Questions for Your Doctor

1.

2.

3.

4.

Here are some other health topics you might want to talk to your doctor about:

- | | | |
|--|--|---|
| <input type="checkbox"/> Advance care planning | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Bladder concerns | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Tests and screenings |
| <input type="checkbox"/> Bone health | <input type="checkbox"/> Fall prevention | <input type="checkbox"/> Physical activity |
| <input type="checkbox"/> Depression, anxiety or other mental health concerns | <input type="checkbox"/> Medication review | <input type="checkbox"/> Weight |

Medication List

Before your doctor visit, make a list of all the medications you take. This should include prescription, over-the-counter, herbal, vitamins and/or supplements. Bring the list with you and show it to your doctor.

Or if it's easier, put all your medications in a bag along with the bottles they came in. Bring the bag with you to the doctor visit.

If you have any questions about your medications (like side effects), add them to your questions list above.

Notes from Your Doctor