

PREPARING FOR YOUR VISIT

In order to make the most of your time with your healthcare provider, you should take a few moments to organize your concerns. Answering the questions below can help you and your healthcare provider be certain that your concerns are addressed. Please bring this form with you to the exam on the day of your visit.

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____ **CLINIC APPOINTMENT DATE:** _____

What concerns did you want to be certain are looked into at your appointment?

What are the symptoms you are aware of?

Do you have specific requests for new medications or refills, referrals, or tests? Yes No
Please list them: _____

Do you need any forms completed or do you need an excuse for work or school? Yes No

Is there anything else you want to remember for your appointment? Yes No

OTHER COMMENTS:
