

DOCTOR VISIT CHECKLIST

MY DOCTOR'S INFORMATION FOR ME

DR: _____

Date of Visit: _____

What is your diagnosis of my condition?	What kind of follow-up is needed?
Will I need any tests ?	Are there any alternative ways (either medical or holistic) to treat my problem?
Are their risks with these tests?	
What are their benefits?	
What will they rule in, or rule out?	
What medical treatment do you recommend?	If I don't do anything , what is likely to happen?
Will I need a prescription drug ?	Should I make any lifestyle changes to treat my problem?
Which one?	
How often should I take it? For how long?	If today's treatment is not effective, what's the next step ?
How will this drug help my condition?	
What side effects should I look out for?	
Could it interact badly with drugs I already take?	I would like to receive copies of any test results for my own files. Can you arrange that for me?
How much does it cost? Is there a cheaper alternative?	
Do you have any samples?	
When should I see an improvement?	

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I came today because:

MY SYMPTOMS

My symptoms are:

I CURRENTLY TAKE THE FOLLOWING

Prescription Drugs:

How Much? How Often?

1) _____

2) _____

3) _____

4) _____

When they started:

Over the Counter Drugs:

What they feel like / look like:

Vitamins & Supplements:

If they're constant or come & go:

Alcohol:

If they've gotten better or worse:

Tobacco:

What seems to trigger them:

IN THE PAST, I'VE BEEN DIAGNOSED WITH:

What I've done to alleviate my symptoms