## PREPARING FOR YOUR PHYSICIAN'S APPOINTMENT

**Step One:** If this is an **emergency**, please **call 911** or go to your local emergency room.

**Step Two:** Have the following information available when you call to make an appointment:

- Name, Address, & Telephone number
- Social Security number
- Name of your referring physician and primary care physician
- Insurance information

**Step Three:** Call before your appointment and ask if the office has received any previously requested laboratory, images, or other test results / records from other doctor's offices.

**Step Four:** Bring the following items with you to your visit:

- Name and address of your referring physician and primary care physician
- List of any known food or drug allergies
- Important medical information such as x-rays, medical records, or laboratory tests results
- Social security number
- Your health insurance card and any required authorization or referral forms
- Financial resources to cover your co-payment or balance due at the time of service

**Step Five:** Have your list of prescription and over-the-counter medications and herbal and supplements or teas with you:

Prescription Medication	Mg / Dosage	Frequency	Prescribing Physician

Over-the-Counter Medication	Mg / Dosage	Frequency	Suggested By
Vitamins/Herbals/Supplements	Mg / Dosage	Frequency	Suggested By
	ber what he / she	said when you get	
each question, so you will remem			home?
each question, so you will remem  Question 1:  Answer:			home?
each question, so you will remem  Question 1:  Answer:  Question 2:			home?
each question, so you will remem  Question 1:  Answer:  Question 2:  Answer:			home??
Step Six: Prepare your list of que each question, so you will remem Question 1:			home???

Answer:							
Other Subjects You May Want to Ask About							
Alcohol Use Bone Joint Pain Hearing changes	Appetite Changes Bowel problems Losing urine	Diet / Nutrition Chest Pain Skin changes	Tobacco Use Feeling Dizzy Short of Breath	Weight Headaches Vision changes			
Feeling Lonely or Isolated Problems with Memory or Thinking		Feeling Sad or Blue Intimacy or Sexua Problems with Sleep		Sexual Activity			
Accidents, Injuries, or Falls Driving / Transportation / Mobility		Advance Directives Exercise	,	aily Activities ving Situation			
Step Seven: If this	s is a follow-up appoi	ntment, write any info	ormation your docto	or requested below			
			ormation your docto	or requested below			
	s is a follow-up appoint the names of other p		ormation your docto	or requested below			
Step Eight: Write		hysicians you see:	ormation your docto				
Step Eight: Write		hysicians you see:	ormation your doctor				

Step Nine: List you known all	ergies (include foods, drugs, etc):	
Step Ten: List your previous s		
Procedure	Surgeon	Date
Step Eleven: List your previou	us medical conditions:	
Medical Condition	Physician	Date of Diagnosis