

Over-the-Counter Medication	Mg / Dosage	Frequency	Suggested By
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Vitamins/Herbals/Supplements	Mg / Dosage	Frequency	Suggested By
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Step Six: Prepare your list of questions and concerns for the doctor. Write down the answers after each question, so you will remember what he / she said when you get home.

Question 1: _____?

Answer: _____

Question 2: _____?

Answer: _____

Question 3: _____?

Answer: _____

What other questions should I have asked you, Doctor?

Answer: _____

Other Subjects You May Want to Ask About

- | | | | | |
|-------------------------------------|------------------|---------------------|-----------------------------|----------------|
| Alcohol Use | Appetite Changes | Diet / Nutrition | Tobacco Use | Weight |
| Bone Joint Pain | Bowel problems | Chest Pain | Feeling Dizzy | Headaches |
| Hearing changes | Losing urine | Skin changes | Short of Breath | Vision changes |
| Feeling Lonely or Isolated | | Feeling Sad or Blue | Intimacy or Sexual Activity | |
| Problems with Memory or Thinking | | Problems with Sleep | | |
| Accidents, Injuries, or Falls | | Advance Directives | Daily Activities | |
| Driving / Transportation / Mobility | | Exercise | Living Situation | |

Step Seven: If this is a follow-up appointment, write any information your doctor requested below:

Step Eight: Write the names of other physicians you see:

Name **Specialty** **Phone**

Step Nine: List your known allergies (include foods, drugs, etc):

Step Ten: List your previous surgeries:

Procedure

Surgeon

Date

Step Eleven: List your previous medical conditions:

Medical Condition

Physician

Date of Diagnosis
