

REMINDER SHEET FOR YOUR DOCTOR VISIT

This form may assist you in getting ready to visit your doctor. Hopefully it will help you remember all those questions you've been thinking about since your last appointment. It's important that you have all the information available to you when you visit your doctor, so that you and your doctor can make informed medical decisions that are right for you. Feel free to make copies of this form to use in the future.

My Name: _____ Date of Birth: _____
Home Address: _____ City: _____ Zip Code: _____
Home Phone #: _____ Work Phone #: _____
Emergency Contact: _____ Home Phone #: _____
Primary Doctor (PCP): _____ Phone #: _____

TODAY'S VISIT

Date: ____ / ____ / _____

Reason for this doctor visit: _____

Questions I want to ask: _____

Follow-up on things I need to do: _____

Next Appointment Date: ____ / ____ / _____ Doctor Name: _____

CURRENT MEDICATIONS

Maintain an up-to-date list of all the medications you take, including over-the-counter products, vitamins or herbal remedies that you are taking. Be sure to:

- keep a written list of the name, dose and reason you're taking each medication
- update your list to include new prescriptions or allergies
- review the list with your doctor at each office visit
- carry this list with you at all times

Medication	Dosage	How Often	Reason for Medication

ALLERGIES: MEDICATION/OTHER (E.G. FOOD, LATEX)

Medication/Other	Allergic Reaction

HEALTH HISTORY

Illnesses and Chronic Conditions: _____

Accidents/Surgeries/Hospitalizations: _____ Date: ___ / ___ / ___

_____ Date: ___ / ___ / ___

_____ Date: ___ / ___ / ___

Family History: _____

Date of Vaccine: Pneumonia ___ / ___ / ___ Flu ___ / ___ / ___ Tetanus ___ / ___ / ___

Last: Eye Exam ___ / ___ / ___ Mammogram ___ / ___ / ___ Colon Cancer Screening ___ / ___ / ___

Have you signed or asked your doctor about an Advanced Directive: _____

Health Care Proxy's Name: _____ Proxy's Phone: _____