

Patient Visit Checklist

To make the most of your time, fill out this form and bring it with you to your next appointment.

What are your medical issues that you would like to discuss at your visit?

- 1.
- 2.
- 3.
- 4.

What is your main issue and when did it start?

Have you been treated for this issue before? **Yes/No**

If yes, what was the treatment and results of the treatment?

Did you have x-rays, labs, treatment, or hospitalizations for this problem? Where and When?

Questions to consider:

Where is the problem or pain?

Does the problem or pain spread?

How can you describe it?

For pain: how intense is it on a scale of 1-10?

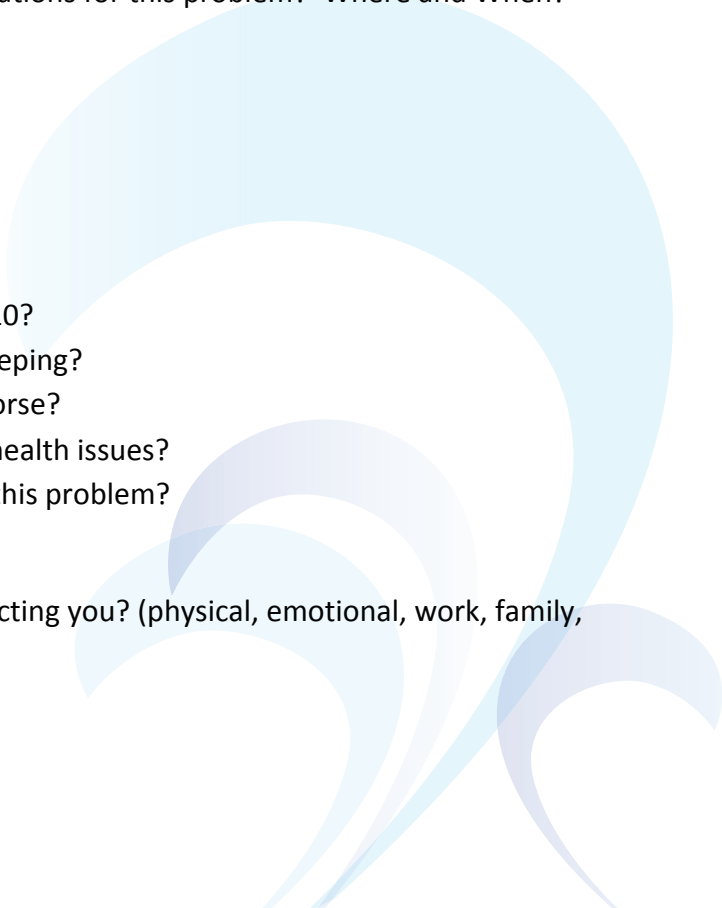
Does it interfere with daily activities or sleeping?

Does anything you do make it better or worse?

Does it appear at the same time as other health issues?

Have you experienced changes regarding this problem?

Do you have any changes in your life that are affecting you? (physical, emotional, work, family, etc.)



Before you leave the exam room...

Were all of your questions answered adequately?

Did you understand everything?

Do you have questions about:

- Treatment options?
- Medication?
- Refills? If you need a refill, please give us 24-48 hours to process your request.
- Referrals?
- Testing? Where and when do you go for testing? Do you need to fast?
- Will you need another appointment?