Talking with My Doctor

*****Remember to take this form to your appointment*****

Doctor's Name: _____ **Date/Time of Visit:** _____

Reason for Visit: _____

_____

_____

Medicine I am taking (include prescription, over-the-counter, vitamins and supplements):	**Any symptoms, side effects, concerns, or questions about my medications:**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Things I noticed since my last visit

Mark all that apply:

- ☐ Having aches and pains (such as headaches, stomach pain, joint pain, or other pain)
- ☐ Being restless or irritable
- ☐ Having less interest in things I used to enjoy
- ☐ Being more or less physically active
- ☐ Sleeping more or less than normal
- ☐ Eating more or less than normal
- ☐ Feeling sad or hopeless
- ☐ Having difficulty concentrating or thinking clearly
- ☐ Having trouble making decisions
- ☐ Having less energy to do the things I need or want to do
- ☐ Drinking alcohol or using drugs more than normal for me
- ☐ Recent changes in my life (such as job, housing, relationship)

Other information, questions or concerns to discuss with my doctor:

_____

_____

_____

Notes from my visit

_____

_____

_____

_____

After the visit

- ☐ Review your notes and information provided by your doctor or the office
- ☐ If you have any questions, contact your doctor's office for answers or clarification

Date/Time of my next visit: