



TODAY'S HEALTH CARE VISIT

COMPLETE BEFORE THE VISIT

My Name: _____

Today's Date: _____

Who is with me today? _____

Current list of my medications, pills, and vitamins
(attach it for the doctor or nurse)

Do I have a plan or card that pays for my medicine?

Yes / No (list) _____

Did I recently go see any other doctor or dentist?

Yes / No (who?) _____

What was the reason? _____

Why am I at the doctor's or clinic today?

(Things like illness, check-up, follow-up from previous visit, need forms filled out, need medication change or refill, etc.)

QUESTIONS I WANT TO ASK TODAY

ANSWERS TO MY QUESTIONS

MY TAKE-AWAY INFORMATION

Were there any Medication or Diet Changes?

YES / NO *If yes:*

Medication Name: _____

I am to take this ____ times per day, at _____

I am to stay on this for ____ days (or specify ____)

Why do I need to take this? _____

Medication Name: _____

I am to take this ____ times per day, at _____

I am to stay on this for ____ days (or specify ____)

Why do I need to take this? _____

Are there medications I don't need to take
anymore, or anything else I should know?

**Information about today's treatment plan,
recommendations, and/or follow-up**

(Things like illness, check-up, follow-up from previous visit, need forms filled out, need medication change or refill, etc.)

medical professional signature

date

staff or provider signature

date

