

Know Before You Go: **Preparing For a Visit with Your Health Care Provider**

Fill in the blank spaces with the information you will need before you see your health care provider. Take this with you when you see your health care provider.

Name of Health Care Provider I am seeing: _____

This is my Primary Care Physician: Yes No This is a Specialist for : _____

Appointment Date _____ Appointment Time _____

Address or Location _____

This visit is for (*circle the reason for the visit*):

Annual checkup

Follow up to a previous visit

New visit

Follow up for a chronic disease

Other (What is it for?) _____

Why am I seeing the doctor? _____

If this is a follow-up, what has taken place since the last visit? _____

What question(s) do I want to ask the doctor and what is the doctor's response?

Question _____ Response _____

Question _____ Response _____

Question _____ Response _____

Question _____ Response _____

What did we discuss during my visit that I need to remember to do?

Do I need to schedule a follow-up appointment? Yes No

If yes, when is the appointment? (Date) _____

What will this next visit be for? _____

What do I need to do before my next appointment? _____

Know Before You Go: **Checklist of What to Take With You** **When You Visit with Your Health Care Provider**

Check mark each thing you have done and take this with you when you see your health care provider.

- Do I need to bring someone with me? Who is it?

Name of person _____ Phone # _____

- I asked him or her to come with me and they agreed.
- I told him or her the date, time and location of my appointment and what my appointment is for.
- I have my medical cards with me.
- I have a list of the medicines I am taking and the medicines I am allergic to.

If you cannot find your medical card with your medicines you are taking or what you are allergic to, write them here and take this to your doctor.

Current medicines I am taking:

1. Medicine Name: _____ Dosage: _____
How often is this taken? _____ I use this for: _____.
2. Medicine Name: _____ Dosage: _____
How often is this taken? _____ I use this for: _____.
3. Medicine Name: _____ Dosage: _____
How often is this taken? _____ I use this for: _____.
4. Medicine Name: _____ Dosage: _____
How often is this taken? _____ I use this for: _____.
5. Medicine Name: _____ Dosage: _____
How often is this taken? _____ I use this for: _____.

I am allergic to:

Medicine Name: _____

Medicine Name: _____

Medicine Name: _____