

Please complete this form and give it to your doctor. Fill in your answers in the space provided. Please be honest about your concerns and symptoms to make it easier for your doctor to help you.

Why did you make this appointment?

--

Fill in your current health problems:

--

What health problem(s) is the reason for this visit?

--

Do you have any new symptoms?

Yes No

If yes, describe where you have them, how it feels, how long it lasts, and how severe it is:

--

Have there been any changes in your normal routine?

Yes No

If yes, describe briefly:

--

What questions or concerns do you want addressed during this appointment?

Do you need medication?

Yes No

Name of medication

--

Why are you taking it?

--

How often do you take it?

--

Are you taking any medications your doctor is not aware of?

--

Do you need written information or instructions to help use your medicine?

Yes No

--

Do you have any other concerns?

--