

DOCTOR VISIT

Print out several forms at a time so you can fill out a new one for each doctor visit. Make a copy for your doctor. Keep all new and past forms in a folder or notebook so you'll have them for reference.

Physician _____ Date _____ Time _____

Address _____ Phone _____

Your symptoms and questions:

(Indicate when symptoms first began, duration and intensity; any ideas as to the cause.)

Prescriptions You are Currently Taking

Do you need the doctor to write any new prescriptions for you?

Doctors Instructions

Results of office visit and "To-Do" list

Tests I need/ Where/When

