Notes to Take to the Doctor

Date of Visit: 

Provider’s Name: 

Phone: 

Address: 

Notes before the visit:

1.) Why am I seeing the doctor today?

2.) How long has this concern been going on?

3.) What are my symptoms?

4.) What have I tried so far?
5.) What makes it better?

6.) What makes it worse?

7.) What made you decide to make an appointment with the doctor now?

8.) What do you hope will happen at this visit?
Notes from the exam:

1.) What did the doctor and I talk about?

2.) What is the treatment plan?
   A. What will I do?
   B. What will the doctor (or doctor’s office) do?

3.) When should I start feeling better?

4.) Can I do my regular activities (work, school, see friends)?
   [ ] Yes  [ ] No
   A. If I can’t do them now, when can I start doing them?
   [ ] Hours  [ ] Day  [ ] Week  [ ] Other ____________________
5.) How will I receive my test results?

☐ Someone will call me

☐ I will get something in the mail

☐ I should call the office

A. When should I call? _____________

B. Who should I call? ____________
   a. Name:
   b. Phone Number

6.) When should I come back or call the doctor?

7.) Who can I call if I have questions?

A. Name:

B. Phone number:

8.) Is there anything else I should do?