



**DOCTOR'S VISIT CHECKLIST**  
Unsure how to communicate with your doctor?  
Fill out this form to take with you to your next  
medical appointment. Compliments of eHealth  
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Your doctor may want to know health and lifestyle changes since your last appointment, so it's best to be prepared. Make a copy of this blank list so you will always have a clean copy to use. Then take a minute to think about each topic. Record when you first noticed change in the date column and describe any changes in the notes column.

TOPICS	DATE	NOTES
<b>YOUR DIET AND MEDICATIONS</b>		
Alcohol use		
Appetite changes		
Diet and nutrition		
Medicines		
Nutritional supplements (vitamins, etc.)		
Substance use		
Tobacco use		
Weight changes		
<b>YOUR THOUGHTS AND FEELINGS</b>		
Feeling lonely or isolated		
Feeling sad, down or blue		
Feelings of panic or fear		
Provocative or aggressive behavior		
Sensing the presence of things not there		
Suicidal		
Uncontrollable obsessive thoughts		
Unrealistic belief in your power		
<b>EVERYDAY LIVING AND LIFESTYLE</b>		
Daily activities		
Driving/transportation/mobility		
Exercise		
Living situation (move, break up, divorce, etc.)		



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YOUR HEALTH	DATE	NOTES
Accidents, injuries or falls		
Balance or walking problems		
Bone/joint pain or stiffness		
Bloating		
Bowel problems		
Chest pain		
Coughing		
Feeling dizzy or light-headed		
Hair loss or nail problems		
Headaches		
Hearing changes		
Heart problems or irregular heart rhythm		
Intimacy or sexual problems		
Memory or thinking problems		
Menstrual irregularities		
Mouth pain		
Nasal congestion		
Pregnancy or conception problems		
Recent hospitalizations or emergencies		
Sense of smell, smelling odors		
Shortness of breath		
Skin changes or sensations (burn, tingle, prick)		
Sleep changes or problems sleeping		
Stomach pain, nausea, vomiting or indigestion		
Throat pain, voice problems		
Urinary changes or problems		
Vision changes		