

Find answers to your medical questions

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DOCTOR VISIT FORM

Unsure how to communicate with your doctor? Fill out this form to take with you to your next medical appointment. Compliments of eHealth Forum, your health community available 24/7.

BASICS - Fill out this form and take it with you to your next medical appointment. It will serve as a reminder of what you need to bring, goals for the appointment, questions for the doctor, and what steps you need to take next.

Bring to the appointment:	My goals for this appointment: (check all that apply)
 ☐ Insurance card ☐ Medical records ☐ Vaccination history ☐ Diagnostic test results ☐ List of all medications, herbs and vitamin supplements I take ☐ List of questions since my last visit ☐ Name(s) and phone of other doctor(s) I see 	 □ To get a diagnosis for new symptoms □ To confirm a diagnosis □ To get information about a condition □ To report changes in a condition □ To explore appropriate treatments □ To monitor the success of treatment □ Other
My basic health history:	
Conditions:	
Treatments:	
Allergies:	
Family history:	
My current health concerns:	
	mportant ones first. You can tell the doctor these concerns at turn. If you have time, you can then go on to other questions.
1	
2	
3	
4	



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SYMPTOMS - Complete this page for each of the health concerns that you'd like to discuss		
What is the condition for which you are seeking information/treatment?		
Have you previously been treated for this or a similar condition? If yes, What was the treatment? What were the results of treatment?		
Do you have any diagnostic tests results related to the condition? If yes, please list. □ No □ Yes	_	

Questions to ask yourself about each problem symptom:

1. Characterization

- a. Localization
 - What's the general area of pain?
 - Where does the pain start?
 - Where does the pain end?
 - Does the pain spread?
 - How can you describe the symptoms?
- b. Intensity
 - Which symptom is most intense?
 - How intense is the pain (on a scale of 1-10)?
 - Does the symptom interfere with activities?
 Which ones? How?
 - Can you sleep? Does the symptom interfere?

c. Duration

- Which symptom appeared first?
- When did the symptom first appear?
- How long does the symptom last?
- Are the symptoms constant?
- If not, when do you experience them?
- Does the symptom come and go?
- What time of day does the symptom occur?
- How often does the symptom occur?
- Has the symptom changed since you first noticed it?

2. Triggers

- Does anything you do make the symptoms better? Or worse?
- Are there any patterns/triggers associated with your symptoms?
- What triggers the onset of the symptom (nothing, activity, stress, noise, food, etc.)
- Is the symptom present after sleeping or rest?
- What helps or alleviates the symptom?

3. Concurrent symptoms

- Does the symptom appear at the same time as other symptoms?
- What are the other symptoms?



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for multiple explanations and if necessary, you can always seek a second opinion.		
Questions to ask your doctor:		
Is there additional information about my condition or	treatment?	
 □ Brochures □ Websites □ Associations (professional or non profit) □ Support groups □ Telephone hotlines 		
Are there danger signals I should watch for and repo	ort? (changes in symptoms, medication side effects)	
How can I contact the doctor with questions or conce Office telephone: Mobile telephone: Answering service: Pager: Email: Do I need a follow-up appointment? If yes,	Can I get a second opinion? If yes,	
When?: With whom?: What should I bring?	When?: With whom?:	
Other questions:		
1. I am still worried / concerned / not understanding.	. Can you explain again, please?	
2		
3		