

# Doctor Visit Prep Sheet

*To help you prepare for your appointment*

YOUR NAME

YOUR DOCTOR'S NAME

APPOINTMENT DATE

APPOINTMENT TIME

Reason(s) for your appointment:

Questions about your condition:

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Describe your symptoms and concerns:

Questions about your tests or procedures:

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What you hope can be done to help you:

Questions about your medicines:

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List your previous surgeries:

Questions about other treatments:

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## PLEASE REMEMBER TO:

- Bring your insurance card.
- Bring a list of all your medicines, including over-the-counter medicines, vitamins, and herbs.
- Bring one or more copies of your previous test results.
- Ask for a copy of test results or reports about procedures (such as ECG) performed during visit.

## DURING THE VISIT, CLARIFY WHAT YOU HEAR WITH YOUR DOCTOR:

- If you don't understand something, ask the doctor to explain.
- Repeat the doctor's instructions using your own words.
- At the end of the visit, review what you and the doctor agreed upon.