

PREPARE FOR YOUR DOCTOR'S VISIT

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Appointment Date: _____ **Time:** _____ **Doctor:** _____

Address/Location: _____

Reason for appointment: _____

PROVIDE INFORMATION

**List all your medications, including vitamins, herbs and over-the-counter medications.
Or bring them with you.**

Medication:

Dosage:

Describe your symptoms, when they happen and how bad they are.

What do you hope the doctor will do today?

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ASK QUESTIONS

About your condition: _____

About medicines: _____

About tests and procedures: _____

About what the doctor thinks is the problem and what will happen in the future: _____

CHECK YOUR UNDERSTANDING

If you don't understand something, ask your doctor to repeat or clarify.

Repeat the doctor's instructions in your own words _____

EXPRESS CONCERNS

I'm worried about: _____

FINALLY, REVIEW WHAT YOU AND THE DOCTOR AGREED UPON.

You will: _____

The doctor will: _____