



# Have a great doctor visit

Get the most out of your next appointment by using this checklist

List any specialists or other providers you see. This will help your doctor coordinate your overall care.

Specialist's name/Specialty: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialist's name/Specialty: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialist's name/Specialty: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialist's name/Specialty: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialist's name/Specialty: \_\_\_\_\_ Phone: \_\_\_\_\_

Write down your prescription drugs, over-the-counter medications, vitamins and supplements:

Medication name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication name: \_\_\_\_\_ Dosage: \_\_\_\_\_

You may want to ask your doctor these questions:

- Am I taking them correctly?
- Are there any side effects?
- Is there a lower-cost option?

*continued on back*

Write down any tests ordered during your appointment.  
Talk about what follow-up to expect to avoid frustration later.

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Test \_\_\_\_\_

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Test Date \_\_\_\_\_ Results Date \_\_\_\_\_

- Expect a follow-up call
- Schedule a follow-up call
- Patient portal

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Test \_\_\_\_\_

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Test Date \_\_\_\_\_ Results Date \_\_\_\_\_

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Test \_\_\_\_\_

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Test Date \_\_\_\_\_ Results Date \_\_\_\_\_

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Discuss your activity or exercise level. Ask your doctor if you should start, increase or maintain your current exercise level.

- Start exercise routine
- Increase exercise level
- Maintain exercise level

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Talk to your doctor and discuss treatment options if you have:

- Fallen
- Problems balancing or walking
- Problems with bladder control or leaking of urine
- Difficulty sleeping
- Felt sad or blue