

Checklist for doctor visits

	Doctor's name:
	Appointment date and time:
	Location:
Reason for visit:	
What I need to do	o or bring to prepare for the visit:
Changes in my he	ealth since my last appointment:
New or recurring s	symptoms:
Questions about p	past or upcoming treatments, lab values, or test results:
Questions about r	medications, supplements, or side effects:
Additional concer	ns I'd like to discuss today:

Topics I need to discuss with my doctor:	
Appetite or nutritional needs	
Balance problems, falls, dizziness	
Chronic condition management	
Confusion or memory problems	
Diarrhea or constipation	
Feelings of sadness, anxiety, or anger	
Lack of energy, motivation	
Medications and supplements	
Pain, strength, range of motion, or endurance	
Physical activity	
Recovery from recent surgery	
Sleep problems	
Urine leakage or other bladder issues	
Vaccinations or screenings	
Clip and save. Bring this checklist with you the next time you see your doctor.	