



Notes for a Visit to the Doctor

Date _____ Dr. Name _____ Phone _____

Symptoms (Include onset, duration, and intensity on a scale of 1 to 10)

Questions

1. What is the diagnosis?

2. What treatment should he/she be receiving?

3. What medications should he/she be taking? Dosage? Special instructions?

4. Does he/she need any new or renewal prescriptions written?

5. If there are to be any changes in routine, what are they?

6. Are there any activities, foods, etc, that should be avoided? Encouraged?

7. Are there any tests that should be scheduled? Appointments with specialists or other health care providers?

8. When should your loved one be seen again?

9. What symptoms or changes should trigger a call to the doctor?

10. What symptoms or changes would constitute a medical emergency?

11. Is there a way to reach the doctor or another healthcare professional if questions arise between visits?
