

# DOCTOR VISIT WORKSHEET

**Be prepared for your doctor's visit.** Writing down your questions or concerns in one place and bringing this list to every office visit can cut the time you and your health care provider spend reviewing the information.

Doctor name:	Date of visit:
What is your main health concern right now?	
Do you have any new symptoms, such as pain?	
What changes have you noticed in your health since your last visit?	
If you currently take medications for pain, or any other symptom, how is it working?	
Have you started any new medications? What are they? Do you have any side effects from the medications you take?	



Have you seen other doctors before this visit?

Have you had diagnostic tests or other treatments?

Tests ordered

Test results

Recommendations

Medical instructions

Dietary restrictions

Next steps

Other notes

For more information or to arrange for our services, please call **1.888.9.GET.HELP** or visit **partnersincareny.org**



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