

Be the expert on you.

Patient Name

DOB

Date

Your provider needs your help to make a safe diagnosis and care plan.
Please answer these five questions before your visit.

Why are you here today?

- New problem Followup Medicine refill Something else



Has there been a change in how you are feeling since your last visit?

- Yes No

When did it start? Days Weeks Longer

How does it affect you?



Have you seen anyone else about your health?

- Yes No

Whom did you see?



Do you have questions about...

- Medicines? Tests? Treatments? Something else?



What are you worried about?



Be ready to share this
information with your provider.

Thank you for being
part of the care team.