



# Preparing for your Doctor's Appointment

Preparing for your Doctor's appointment can help you get the most out of your visit and make sure that all your questions are answered.

## How to use these forms:

### Step 1:


The medications list is important because it:

- Helps your Doctor know what you are currently taking (please be honest)
- Helps the Doctor cross reference with what is on your medical records
- Helps you be clear on what you are taking these medications for

Fill out the medication list by looking at your pill bottles and noting what you are actually taking

**MEDICATION LOG**

Name \_\_\_\_\_ Date \_\_\_\_\_

  
 COMPLETE WELLNESS  
REVOLUTION

Medication	Treatment For	Dosage	How Often				Notes
			Morning	Noon	Evening	Bed Time	

### Step 2:

Appointment Form: At each visit, your Doctor will ask about your concerns. It is a good idea to think about what you would like to talk about before the actual visit. Take this form with you to your appointment to help guide the visit.

The two parts of this form are

- Before - Fill out the left hand side of the appointment form before you visit
- During - You or the doctor must write down the answers (right Hand Side) during the visit.

*Remember this is your personal information and should be shared only with your Doctor. File it safely with your other records for reference.*

## BEFORE | DURING

**Appointment Form**

**Before Your Visit**

Doctor's Name \_\_\_\_\_  
Location \_\_\_\_\_

Appointment Date & Time \_\_\_\_\_  
Arrive 20 minutes Early

**What to Bring With You**

Insurance Card / Details  
 Medical Records (vaccines, recent tests etc)  
 Medication List  
 Something to read/do in waiting room

**During Your Visit**

**New Medications Prescribed Today**

Medication	For	Instructions

**Next Steps (Test, Procedures, referrals, follow-ups)**

\_\_\_\_\_

\_\_\_\_\_

**Follow Up Appointment:**

Date \_\_\_\_\_ Time \_\_\_\_\_

**Your Priorities/Questions For the Visit**

Questions for your Doctor	Doctor's Answers
1) _____	_____
2) _____	_____
3) _____	_____

NOTE: If your appointment is close to ending and these are not addressed, you can offer a gentle reminder.





# Appointment Form

## Before Your Visit

Doctor's Name \_\_\_\_\_

Location \_\_\_\_\_

Appointment Date & Time  
\_\_\_\_\_

*Arrive 20 minutes Early*

### What to Bring With You

- Insurance Card / Details
- Medical Records (vaccines, recent tests etc)
- Medication List
- Something to read/do in waiting room

## During Your Visit

### New Medications Prescribed Today

Medication	For	Instructions
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Next Steps (Test, Procedures, referrals, follow-ups)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Follow Up Appointment:

Date \_\_\_\_\_ Time \_\_\_\_\_  
\_\_\_\_\_

## Your Priorities/Questions For the Visit

### Questions for your Doctor

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_



### Doctor's Answers

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** If your appointment is close to ending and these are not addressed, you can offer a gentle reminder.