



Doctor's Visit Checklist

Appointment Details:

Doctor's Name: _____

Address: _____

Phone Number: _____

Appointment Date: _____ **Time:** _____

Before the Visit:

Questions for the doctor:

Current Symptoms:

Current Medications:



Doctor's Visit Checklist

During the Visit:

Bring the list of medications, including over-the-counter meds.

Tell the doctor the list of symptoms.

Ask the doctor questions and write down the answers.

Write down the doctor's instructions:

If you don't understand something, ask more questions!
