

HELPING PATIENTS PREPARE FOR THE VISIT

Dear Patient:

In an effort to improve care, please take a moment to fill out the questions below.

What concerns would you like the Doctor to focus on today?

1. _____

2. _____

3. _____

Please list any prescriptions you may need refilled today:

Please list any specialists you have seen and tests you have had since last year:

1. _____

2. _____

3. _____

Have you recently been admitted to any hospital, rehabs or nursing home in the last 60 days?

Yes, Where? _____ No _____

If you answered Yes to the above question, do you have your current medication list from your discharge?

Yes _____ No _____

Have you fallen in the last year?

Yes _____ No _____

Do you have difficulty walking, getting out of a bed or a chair?

Yes _____ No _____

Last Mammogram: _____

Have you had your flu shot this year? _____ Date: _____

Staff Only: Time: _____