



Help Your Doctor Help You

If you prepare for your appointment in advance, you will have a better chance to cover all your concerns with your doctor. Use these worksheets to write down your medical history, health changes, concerns and medications. Feel free to attach more paper if necessary. If you are a caregiver, complete the worksheets with information about your loved one.

DOCTOR:	
APPT. DATE:	APPT. TIME:
ADDRESS:	
PHONE:	

Part 1: Your Medical History

In this section, write down any serious illnesses, injuries, hospitalizations or surgeries that you have had in the past few years. Also write down any serious illness that a close family member has experienced.

ILLNESS/INJURY	DATE	NOTES

HOSPITALIZATIONS	DATE	NOTES

SURGERIES	DATE	NOTES

Part 2: Changes in Your Health

Your doctor may want to know about any changes in your life since your last appointment. Use the list below as a guide to help you think about changes your doctor may want to hear about. Not everything will apply for every visit. Use the **Date** column to write down when you first noticed each change and the **Notes** column to share any additional information that may be helpful for the doctor to know.

YOUR DIET, MEDICATION AND LIFESTYLE	DATE	NOTES
Alcohol use		
Appetite changes		
Diet/nutrition		
Medicines		
Smoking (or tobacco use)		
Weight		
YOUR HEALTH	DATE	NOTES
Bone/joint pain or stiffness		
Bowel problems		
Chest pain		
Headaches		
Hearing		
Bladder control – urgency, ability to hold it		
Recent hospitalizations or emergencies		
Shortness of breath		
Skin		
Vision		
YOUR THOUGHTS AND FEELINGS	DATE	NOTES
Feeling lonely or isolated		
Feeling sad, down or blue		
Intimacy or sexual activity		
Memory problems or confusion		
Sleep problems or changes		

EVERYDAY LIVING	DATE	NOTES
Accidents, injuries or falls		
Advance directives		
Daily activities (eating, grooming, bathing, dressing, etc.)		
Driving/transportation		
Exercise		
Living situation		

Part 3: Your Health Concerns

Your doctor will likely ask about any health concerns you might have. This form can help you organize your thoughts and make a list of the concerns you want to discuss.

	CONCERNS (LIST THE MOST IMPORTANT FIRST)	NOTES
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

