

My Doctor's Appointment

Things to write down before, during, and after your trip to your doctor or your pharmacist.

Before my visit

Date of visit _____
Doctor: phone/address _____

Phone _____
Reason for visit _____

Symptoms? How long? _____

Questions _____

**Complete and bring
"My Medications' List"**

During my visit

Diagnoses _____

Doctors referred to _____

Reason for visit _____

Questions about medicine(s):

1. Name of medicine(s) _____

2. What type of medicine(s) _____

3. Why am I taking it? _____

4. If a narcotic, are there any non-narcotic alternatives? _____

5. How, when, and how long to take _____

6. Expected side-effects _____

7. Should I take :
On empty stomach
With food
In the morning
At night
Other _____

8. Foods, drinks, activities to avoid while taking: _____

9. How will it affect other medicines I'm taking? _____

10. How to store it? _____

11. When will it start to work, and how will I know? _____

12. Anything else I should know? _____

After my visit

Call the doctor if problems with treatment occur

Pharmacist: phone/address _____

Future tests/X-rays _____

Next doctor's visit _____
