Doctor Appointment Checklist[1]

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As a patient, you will want to make the most of your doctor's visit. Take a few minutes to answer these questions prior to your doctor's visit (see the following page). This will help you remember all that you want to ask and discuss with the doctor. (If you are a caregiver for an older adult, you may also want to review this checklist if you will assist the individual at the doctor's office.)

Before your appointment, fill in Table 1, Table 2, and Table 3 with any prescription drugs, over-the-counter drugs, or vitamins and supplements that you take on a regular basis. These tables will help the doctors know what medications and supplements you are taking and when you are taking them so the doctor can look for drug interactions and other problems caused by medications and supplements. For example, if you are having trouble sleeping and take a medication in the evening, the doctor might recommend you take it in the morning.

Space for taking notes during your visit is included at the end.

Figure 1. It is a good idea to prepare yourself before you visit the doctor. Use this checklist to put together information before and after you visit the doctor so that you are organized and proactive in your medical care.
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Doctor Appointment Checklist

Date: _____

What is your primary reason for this appointment? Describe the symptoms or problems you are having?

_____

_____

_____

Is this a new problem or symptom? _____

_____

_____

When did you first notice this problem or symptom? _____

_____

_____

How long does the symptom or problem last? Is it constant or only sometimes?

_____

_____

_____

When are the symptoms most noticeable? What treatments have you tried, if any, and have they helped? Describe how this is affecting your daily life.

_____

_____

_____

Notes from This Appointment

Write down any instructions your doctor gives you, any new prescriptions, or any tests your doctor wants you to have.

_____

_____

_____

_____

Table 1. My Prescription Drugs

Drug and Purpose (e.g., Drug: Plavix; Purpose: heart, prevents blood clots)	Strength (e.g., 75 mg)	Please enter how many pills you take at each time of day.				
		Breakfast	Lunch	Dinner	Bedtime	Other
Drug name:						
Purpose:						
Drug name:						
Purpose:						
Drug name:						
Purpose:						
Drug name:						
Purpose:						
Drug name:						
Purpose:						
Drug name:						
Purpose:						
Drug name:						
Purpose:						
Drug name:						
Purpose:						

Table 2. My Over-the-Counter Drugs

Drug and Purpose (e.g., Drug: Ibuprofen; Purpose: arthritis, reduces pain)	Strength (e.g., 600 mg)	Please enter how many pills you take at each time of day.				
		Breakfast	Lunch	Dinner	Bedtime	Other
Drug name:						
Purpose:						
Drug name:						
Purpose:						
Drug name:						
Purpose:						
Drug name:						
Purpose:						
Drug name:						
Purpose:						
Drug name:						
Purpose:						
Drug name:						
Purpose:						
Drug name:						
Purpose:						

Table 3. My Vitamins and Supplements

Name and Purpose (e.g., Name: Multi-vitamin; Purpose: maintain health)	Strength (e.g., 600 mg)	Please enter how many pills you take at each time of day.				
		Breakfast	Lunch	Dinner	Bedtime	Other
Name:						
Purpose:						
Name:						
Purpose:						
Name:						
Purpose:						
Name:						
Purpose:						
Name:						
Purpose:						
Name:						
Purpose:						
Name:						
Purpose:						