

Doctor Appointment Checklist¹

Martie Gillen and Carolyn S. Wilken²

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. 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

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

Table 2. My Over-the-Counter Drugs

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

Table 3. My Vitamins and Supplements

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