

# Prepare for Your Visit to the Doctor

Fill out as much of this form as you can. It will help you get ready for your doctor visit.

Add any questions you would like to ask your doctor at the bottom. You may have to talk to your other doctors or family members for some of the information below.

**Your Name** \_\_\_\_\_

## Your emergency contact

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

How is this person related to you? \_\_\_\_\_

**Checklist** (To prepare for your visit to the doctor):

- Consider bringing a translator
- Bring a pen and paper to take notes
- Bring any X-rays or recent test results
- Bring your insurance card
- Bring this completed form

**Your medical history** (List your health problems, such as high blood pressure, diabetes, etc.):

-  
-  
-  
-

**Surgical history/hospitalizations**

-  
-  
-  
-

**What medicines do you take?** (Include prescription drugs, over-the-counter medicines and vitamins. List how much you take, when you take it and how often.):

1.  
2.  
3.  
4.  
5.

**Recent changes in your health** (Include headaches, sore muscles, etc.):

-  
-  
-  
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**Please list any important information related to your family's medical history**

Parents:

Siblings:

Children:

**Do you have any allergies?** (Food, medications or products):

- 
- 
- 
- 

**Are you allergic to latex?** Circle one: Yes No

**Childhood illnesses** (Measles, mumps, chicken pox, etc.):

- 
- 
- 
- 

**Have you ever had a blood transfusion?** Circle one: Yes No

**Please list the following dates**

- Your last tetanus shot \_\_\_\_\_
- Your last pneumonia vaccine \_\_\_\_\_
- Your last flu shot \_\_\_\_\_

**Questions for your doctor**

- 1.
- 2.
- 3.
- 4.
- 5.

**Notes**

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