



DOCTOR VISIT

Worksheet

Write down your loved one's answers to the questions below. Then, use the answers to talk to a doctor about any concerns.

DOCTOR NAME: _____ DATE OF VISIT: _____

WHAT IS YOUR MAIN CONCERN RIGHT NOW?

DO YOU HAVE ANY NEW SYMPTOMS, SUCH AS PAIN?

WHAT CHANGES HAVE YOU NOTICED IN YOUR HEALTH SINCE YOUR LAST VISIT?

IF YOU CURRENTLY TAKE MEDICATION FOR PAIN OR ANY OTHER SYMPTOM, HOW IS IT WORKING?

HAVE YOU STARTED ANY NEW MEDICATIONS? WHAT ARE THEY? DO YOU HAVE ANY SIDE EFFECTS FROM THE MEDICINES YOU TAKE?

HAVE YOU SEEN OTHER DOCTORS BEFORE THIS VISIT? HAVE YOU HAD DIAGNOSTIC TESTS OR OTHER TREATMENTS? DO YOU WANT TO DISCUSS THOSE RESULTS?



Doctor Visit Worksheet

Use this page to write down what your loved one and the doctor discussed.

TESTS ORDERED

TEST RESULTS

RECOMMENDATIONS

MEDICATION INSTRUCTIONS

DIETARY RESTRICTIONS

NEXT STEPS

OTHER NOTES

For more information, please visit SeniorEmergencyKit.com

