

OFFICE VISIT CHECKLIST



Complete this form before all of your appointments.

DOCTOR'S NAME _____

DATE OF VISIT _____

List all medications you are currently taking, including over-the-counter medications and supplements. If you need more room, make a separate list and bring it with you.

MEDICATION	DOSE (MILLIGRAMS)	TIME OF DAY TAKEN	NOTES

Do you have any health concerns you want to talk about?

Have there been any changes in your family life since your last visit?

- Move
- Job Change
- Separation
- Death in the family
- Divorce

Don't be afraid to talk openly and honestly with your doctor. If you have questions, ask them. Sharing information with your doctor and asking questions will improve the care you receive. Your doctor is there to help.

TOPICS TO DISCUSS WITH YOUR DOCTOR

- **Everyone:** Ask if you can get your flu shot at his or her office in the fall. Ask if you have any conditions that would benefit from aspirin therapy.
- **Smokers:** Consider using your visit to talk with your doctor about quitting.
- **Women:** Consider asking about family planning, a well-woman exam and breast cancer screening.
- **Men:** Consider asking about a prostate exam, problems with urination and family planning.

PRESCRIPTIONS FROM YOUR DOCTOR:

DRUG:	DOSAGE:	INSTRUCTIONS:

Tip: Ask if there is a generic alternative.

REFERRALS FROM YOUR DOCTOR:

LAB:	SPECIALIST:	IMAGING:

Tip: Confirm that any referrals are to Buckeye participating providers. If they are not, ask for a referral to an in-network provider.

MY NEXT APPOINTMENT IS: _____