

"The Way Medicine Was Meant To Be"

Patient Visit Agenda

Patient Name _____ Date of Birth _____

Today's Date _____ Email address _____

1. I would like to focus on the following issues during my visit today:

2. I Have had the following since my last appointment: **(Please circle all that apply)**

Hospitalization / ER Visit Where _____, When _____

Specialist Visit Where _____ When _____

Blood Work X-Rays Other test Medication Change(s) Vaccination

Please describe : _____

3. Other issues I would like to address during today's appointment **(Please Circle all that apply)**

Prescription refills referral(s) Physical Exam

Insurance forms Verbal or Physical Abuse Review of recently completed lab tests

Vaccine(s) Mammogram Mental Health / Depression or anxiety

Note for work Other _____

4. Do you use tobacco? Yes or No Would you like this addressed today? Yes or No

5. Please list any other Doctors you routinely see and their phone number: **(write on back if necessary)**

6. I have had the following change in my family history since my last visit:

7. Please list any questions, concerns or comments regarding our office **(write on back if necessary)**

8. Would you like to use your computer to request refills, test results, appointments and more? **Yes or No**