

# ILLINOIS DISABILITY AND HEALTH PROGRAM



## Take Notes During Your Visit

Here is a list of things you might want to write down during your doctor's visit.

1. My doctor said I have \_\_\_\_\_.  
(new diagnosis, disease, or condition)

2. My doctor wants me to start/change the following medicines:

Medicine name	How much should I take?	When/how often?

3. My doctor wants me to stop \_\_\_\_\_.  
(list medicine, smoking, foods, alcohol, etc.)

4. My doctor wants me to start \_\_\_\_\_.  
(exercise, special diet, treatment, therapy, etc.)

5. My doctor wants me to see a specialist.

Doctor's Name/Phone Number	When?	For What?

6. My tests today showed:

Name of Test	Result	Doctor's Recommendation

7. Other things my doctor told me (notes, special instructions, etc.).

8. My doctor wants me to come back OR call back on: \_\_\_\_\_.