Be Prepared for Your Doctor’s Visit

Often we think of dozens of questions we want to ask our doctor and then forget them the minute he/she walks into the room. We may have symptoms for weeks that mysteriously disappear when we are trying to point them out to our doctor. The following questions may help you be prepared ahead of time to help you get the most out of your doctor’s visit.

1. What health problems do you want to talk to your doctor about? ___________________
   _______________________________________________________________________

2. What are your symptoms? _________________________________________________
   _______________________________________________________________________

3. When did they start? ____________________________________________________
   _______________________________________________________________________

4. When do they happen? __________________________________________________
   _______________________________________________________________________

5. If you hurt, describe your pain. Use a scale of 0-10 (0 = pain free; 10 = worst pain ever felt).
   _______________________________________________________________________

6. Where does it hurt? _____________________________________________________
   _______________________________________________________________________

7. When does it hurt? _____________________________________________________
   _______________________________________________________________________

8. What makes you feel better? _____________________________________________
   _______________________________________________________________________

9. What makes you feel worse? _____________________________________________
   _______________________________________________________________________

10. What prescription and over-the-counter medicines have you been taking? (Bring bottles with you to provide your doctor with more information.) ___________________________
    _______________________________________________________________________

11. What other therapies are you using? (acupuncture, chiropractic, homeopathy, magnets, massage therapy, vitamins, herbs, etc.) ___________________________
    _______________________________________________________________________

12. Are you seeing any other health care providers (doctors, therapists, etc.)? If so, for what?