

## My Medical Appointment

Name \_\_\_\_\_ Date \_\_\_\_\_

Doctor/Therapist \_\_\_\_\_ Phone \_\_\_\_\_

### Bring to your appointment

List of medications                      Health Information Form

Insurance card                          Money, credit card or check

### Fill in before your appointment

#### Why am I going to see the doctor?

Is this an annual physical exam?              Yes              No

What bothers me? \_\_\_\_\_

When does it bother me? \_\_\_\_\_

\_\_\_\_\_

#### What do I want to know?

### Fill in after your appointment

#### What do I need to do?

#### Who will help me?