

Doctor's Visit Worksheet

This worksheet can help you prepare for consultations with your health care provider.

You do not have to answer every question

What symptoms have caused you to seek medical advice? When did they start? (Try to be specific.)

Describe how your symptoms affect your day-to-day living (work, school, home life, activities, etc.):

The reason I am seeking time with my doctor today is:

- Gain control over symptoms
- Identify a diagnosis
- Monitor disease progression
- Get a second opinion

Describe your preferred qualities in a health care provider: (Consider factors such as expertise, cost, age, gender, convenience, etc.)

Notes from your visit:

Next steps:

Medical History

Date of your last eye exam: _____

Results or special notes:

Reproductive History:

Are you pregnant?

Yes No I don't know

Have you undergone menopause?

Yes In transition (perimenopause)

No I don't know

Have you received any previous diagnosis for an eye disease? No Yes

Family history of eye disease or undiagnosed symptoms:

| Procedure/Test/Treatment | Date | Notes (provider, results, etc.) |
|--------------------------|------|---------------------------------|
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Current medications: (Include prescription and any over-the-counter meds you regularly take)

| Medication | Dose & Frequency | Notable Side Effects |
|------------|------------------|----------------------|
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Your Health Care Professional Team:

| Name | Specialty | Contact Info | Date of Last Visit |
|------|-----------|--------------|--------------------|
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