

## 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:**

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**Next steps:**

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## Medical History

Date of your last eye exam: \_\_\_\_\_

### Results or special notes:

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### 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.)

### Current medications: (Include prescription and any over-the-counter meds you regularly take)

Medication	Dose & Frequency	Notable Side Effects

### Your Health Care Professional Team:

Name	Specialty	Contact Info	Date of Last Visit