

Physician Office Visit Questionnaire

Physician's Name: _____

Appointment Date: _____

Before the Visit

List of Concerns

List of Prescriptions

Relevant Changes since My Last Visit

During the Doctor's Appointment

Questions for the doctor:

Notes from Your Physician

Are there any written materials I can have to explain my condition?

After the Visit

Make sure you call the doctor for answers any questions you may have missed.

Physician's phone number _____

Questions for the doctor after your visit:
