



Office Visit Checklist

Name: _____ D.O.B.: _____ Appt. Time: _____

Email: _____

What is the most important thing you would like to talk about today?

Other issues:

Do you need?

Check all that apply.

- Prescription refills
- Vaccinations
- Doctor's note
- Referral
- Other

Do you have?

Check all that apply.

- Images
- Lab work
- Medication list
- Other

Have you changed?

Check all that apply.

- Insurance

- Address/Telephone Number

- Medications

Remember to talk to your doctor about such things as:

- The medications you are taking
- How to prevent falls
- Feeling down or anxious
- Bladder issues
- Getting more physical activity