

# NorthShorePhysiciansGroup

## Make the Most of Your Office Visit

The time you spend with your doctor or nurse practitioner is important to your health. Be an active part of your health care team by filling out this form and bringing it to your next appointment. Use the other side to take notes during your visit.

### Before Your Visit

My most important questions or concerns are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Your doctor may not have time to address all of your concerns in one visit. If your questions cannot be answered today, ask when you can make an appointment to get additional answers.

I am taking the following prescription medications:

Name of medication	Dosage	Reason for taking medication

*(List additional medications on the back or bring all of your pill bottles to your visit.)*

I am taking the following non-prescription medications, nutritional supplements, vitamins, herbal supplements, etc.:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

*(List additional medications on the back or bring all of your pill bottles to your visit.)*



**Additional information to share with your doctor:**

1. Hospitalizations or surgeries that you've had since your last visit:

---

2. New allergies to medications, foods, pollen or other things:

---

3. Other doctors that you have seen:

Why did you see this doctor? 

---

4. Any changes in your family health history:

---

**During Your Visit**

**Do I need to schedule any screening tests? What tests does my doctor recommend?**

1. 

---

This test is for: 

---

Preparation includes: 

---

2. 

---

This test is for: 

---

Preparation includes: 

---

3. 

---

This test is for: 

---

Preparation includes: 

---

**Are there any changes to the medications that I take?**

Name of medication	Dosage	Reason for taking medication

**Notes:**

---

---

---

---

