TALKING WITH MY DOCTOR

Doctor's name _____

Date of last visit _____ Date of next visit _____

Reason for visit _____

_____

What has changed since my last visit _____

_____

_____

Medicine I am currently taking

MEDICINE NAME	STRENGTH	HOW OFTEN I TAKE IT

Things to talk about with my doctor today

_____ Any symptoms
_____ Any side effects
_____ How my medicine is working
_____ How I am feeling
_____ I wasn't able to get my medicine
_____ I stopped taking my medicine
_____ Another doctor changed my medicine
_____ I would like more information about my medicine
_____ I need a new prescription for my medicine
_____ Do I need any blood work?
_____ Last time my weight and blood pressure were checked
_____ Ideas I have about managing my illness

COMMUNITY CARE
Behavioral Health Organization