Fill out the top half of this form before you go to the doctor

Why did you come to the doctor today?

________________________________________________________

________________________________________________________

Do you have any questions about your medication?

________________________________________________________

________________________________________________________

What else would you like to talk to your doctor about today?

________________________________________________________

________________________________________________________

Ask your doctor to fill out the bottom half of this form during your appointment

Date: ______ Height: ______ Weight: ______ BMI: ______ Blood Pressure: ______

What steps should I follow to improve my health?

________________________________________________________

________________________________________________________

What else should I do for my health?

Schedule:
- [ ] Yearly wellness exam
- [ ] Eye Exam
- [ ] Dental screening
- [ ] Mammogram
- [ ] Colonoscopy
- [ ] Immunization
- [ ] Other: __________________________

Get a screening for:
- [ ] Alcohol use
- [ ] Mental well-being
- [ ] Cholesterol
- [ ] Diabetes
- [ ] Sexually transmitted infection
- [ ] Other: __________________________

Lifestyle change:
- [ ] Exercise more
- [ ] Eat healthier foods
- [ ] Stop smoking
- [ ] Other: __________________________

Is anyone hurting you?  Yes [ ]  No [ ]  Do you like your support workers?  Yes [ ]  No [ ]

Is anyone stealing from you?  Yes [ ]  No [ ]  Do we need to review what we talked about?  Yes [ ]  No [ ]