

Doctor Visit Planning Tool

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



Oregon Council on
Developmental Disabilities

