

MEDICAL SUMMARY FOR YOUR DOCTOR APPOINTMENT

List your top three goals or concerns for your next doctor’s appointment:

Note: You may wish to review the “Current Symptoms Summary” and “My Symptoms” worksheets to identify and help set these priority goals.

1. _____
2. _____
3. _____

Describe any treatment changes you have made since your last visit and how they have affected your symptoms:

List any new medical problems, allergies or hospitalizations since your last visit:

1. _____
2. _____
3. _____

Review the “Daily Medication Log” and “Overall Medication Log” to discuss any side effects of your medications.
