

PREPARE TO SEE YOUR DOCTOR



Do I need a Family Doctor or health care provider?

A family doctor (or health care provider) is very important for you and your family. Your health care provider can help you take care of your health and your family's health.

What do I need to DO before I go to my health care provider?

1. **Call** to make an **appointment**
2. **Ask** if they **accept your insurance** (have your insurance card with you)
3. **Write** the **appointment time**, address, and phone number on your **calendar**
4. **Make** a **LIST of all Medicines** you take, including all prescriptions, over-the-counter medicines, vitamins, and herbal remedies
5. **Write** a list of **questions/concerns** that you want to ask your health care provider

What do I need to TAKE with me to my appointment?

1. Take your **health insurance card**
2. Take your **photo I.D.**
3. Take your **LIST of Medicines** **OR** all of your pills
4. Take your list of **questions**

What are the 3 important QUESTIONS I should ask my health care provider?

1. **What is my main problem?**
2. **What do I need to do?**
3. **Why is it important for me to do this?**

What do I need to know about any MEDICATIONS I take?

1. **Why** do I take this medication?
2. **How often** do I take the medication?
3. **When** do I take this medication?
3. What are the **side effects** of the medication?
4. What **tests** do I need to take for this medication?

TALK TO YOUR DOCTOR TODAY



Your Name: _____

Date: _____



What do you want to ask your doctor today?

1. _____
2. _____
3. _____



What do you want to ask about your pills?

1. _____
2. _____
3. _____



What do you want to ask about your diet?

1. _____
2. _____
3. _____

MY MEDICAL HISTORY



Your Name		Date of Birth		
Address			Home Phone # ()	
City	State	Zip	Cell Phone # ()	
Doctor Names		Specialty	Phone #	
<i>Ex. Dr. Jones</i>		<i>Diabetes</i>	()	
			()	
			()	
			()	
			()	
Emergency Contact Names		Relationship	Phone #	
			()	
			()	
Family Medical History				
Mother	Father	Brother/Sister	Brother/Sister	Brother/Sister
<i>Ex: Heart Disease</i>	<i>Type 2 Diabetes</i>	<i>Diabetes</i>		
YOUR Medical History				
Year	Surgery / Procedure / Medical Test / Major Illness			
<i>Ex. 2009</i>	<i>Mammogram</i>			

MY MEDICAL HISTORY



Allergies (MEDICATION/FOOD/ENVIRONMENTAL):	
Substance	Reaction(s)
<i>Ex. Penicillin</i>	<i>Itching</i>