

# Plan My Visit

This questionnaire is intended to help you prepare for your next office visit and to help make the most of your valuable time with your provider. We recommend you print this form and bring it with you to your appointment.

## THE PRIMARY REASON FOR THIS VISIT:

- Physical    Sickness    Emergency room/hospital discharge follow up  
 Follow up appointment (*diabetes, hypertension, high cholesterol, etc.*)    Other (*fill in*):
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*We want to dedicate the scheduled appointment time focusing on your primary reason for this visit. Additional health concerns may require scheduling another appointment.*

## THE GOAL YOU WOULD LIKE TO ACCOMPLISH DURING THIS VISIT:

## DO YOU FULLY UNDERSTAND YOUR HEALTH PROBLEMS AND HOW TO TAKE CARE OF THEM?

- Yes    Somewhat    No

## WHAT KEEPS YOU FROM FOLLOWING YOUR PROVIDER'S RECOMMENDATIONS FULLY?

- Transportation    Cost    Medications    Instructions are confusing    Other:
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## WHAT ADDITIONAL QUESTIONS DO YOU HAVE FOR YOUR PROVIDER REGARDING THIS VISIT AND ACHIEVING THE GOALS YOU HAVE SET FOR YOURSELF?

## DO YOU NEED ANY PRESCRIPTION REFILLS?

- No    Yes (List):

## ADDITIONAL TIPS FOR A SUCCESSFUL VISIT:

- Confirm your appointment when requested
- Bring your current insurance card to every visit
- Bring medications (or an up-to-date list of medications) to every office visit
- Give us your updated contact information to receive the latest in email and text messages
- Be prepared to pay your co-pay or any outstanding balance
- Arrive early to fill out any necessary paperwork
- If you need to cancel your appointment, please give us at least 24 hour advanced notice