

# Medical Appointment Worksheet



**PA CareKit**

Work through this worksheet with the person you are caring for. Write down their answers to the questions below. Then, use the answers to talk to a healthcare provider about any concerns.

## Information

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Patient Insurance or Other Health Care Coverage Information: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

## Preparation Questions

1. What is your main concern right now? \_\_\_\_\_

\_\_\_\_\_

2. Do you have any new symptoms, such as pain? \_\_\_\_\_

\_\_\_\_\_

3. What changes have you noticed since your last visit? \_\_\_\_\_

\_\_\_\_\_

4. If medication is taken, how is it working? \_\_\_\_\_

\_\_\_\_\_

5. Have new medications been introduced? Have you noticed any changes (side effects)? \_\_\_\_\_

\_\_\_\_\_

6. Have other doctors been seen before this visit? Have diagnostic tests or other treatments been prescribed in the past? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Appointment Details

Test(s) ordered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Test(s) results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Prescriptions and Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next Steps: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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