



New Patient Visit

Patient Name: _____ **Date of Birth:** _____

Date: _____ **Family Doctor:** _____ **Last Visit:** _____

To improve your visit with the doctor:

❖ Prepare a summary (or chronology) of your illness (one page or less), including when symptoms began. What symptoms did you have at the beginning?

❖ What brought on the symptoms or made them worse?

❖ What other symptoms have occurred? When did they occur?

❖ What tests have been done? What were the results?

❖ What medications have you taken? What were the results of the treatment?

LIST ALL CURRENT MEDICATIONS AND THE DOSE YOU ARE TAKING ON THE SEPARATE MEDICATIONS LIST (OR WE CAN MAKE A COPY OF YOUR LIST). INCLUDE ALL VITAMINS AND OVER-THE-COUNTER MEDICATIONS.