

exercise 4

*Getting Ready for Your Next Office Visit*

✦ Name: \_\_\_\_\_ ✦ Date: \_\_\_\_\_

✦ Address: \_\_\_\_\_

Primary Care Provider

✦ Name: \_\_\_\_\_ ✦ Phone: \_\_\_\_\_

Other Healthcare Providers I Am Seeing

✦ Name: \_\_\_\_\_ ✦ Phone: \_\_\_\_\_

Reason to see this healthcare provider: \_\_\_\_\_

✦ Name: \_\_\_\_\_ ✦ Phone: \_\_\_\_\_

Reason to see this healthcare provider: \_\_\_\_\_

✦ Name: \_\_\_\_\_ ✦ Phone: \_\_\_\_\_

Reason to see this healthcare provider: \_\_\_\_\_

Prescribed Medicines

Name of Drug	Dose	Number of Times Taken Each Day	Prescribed by

Over-the-Counter Medicines

Name of Drug	Dose	How Often I Use This Drug	Recommended by

✦ Name of My Pharmacy: \_\_\_\_\_ ✦ Phone: \_\_\_\_\_

<i>Symptoms I have been experiencing:</i>			
<i>Coughing</i>		<i>Feeling nervous</i>	
<i>Chest tightness</i>		<i>Rapid heartbeat</i>	
<i>Wheezing</i>		<i>Head/nose stopped up</i>	
<i>Unable to exercise</i>		<i>Restlessness</i>	
<i>Feeling tired</i>		<i>Fever</i>	
<i>Need to clear throat repeatedly</i>		<i>Stroking chin or throat</i>	
<i>Dry mouth</i>		<i>Increased use of quick-relief inhaler</i>	
<i>Waking up at night</i>		<i>Other:</i>	
<i>How frequently these symptoms occur</i>			
<i>When the symptoms begin</i>			
<i>Things I do to relieve these symptoms</i>			
<ul style="list-style-type: none"> <li><i>✦ Other things that have been bothering me</i></li> </ul>			
<ul style="list-style-type: none"> <li><i>✦ Questions I do not want to forget to ask</i></li> </ul>			
<ul style="list-style-type: none"> <li><i>✦ Concerns I have had</i></li> </ul>			
<ul style="list-style-type: none"> <li><i>✦ Thoughts or fears that I have had</i></li> </ul>			
<ul style="list-style-type: none"> <li><i>✦ Feelings I have been having</i></li> </ul>			
<ul style="list-style-type: none"> <li><i>✦ Notes from the healthcare provider</i></li> </ul>			
<ul style="list-style-type: none"> <li><i>✦ Tests done or ordered during visit</i></li> </ul>			
<ul style="list-style-type: none"> <li><i>✦ My next appointment</i></li> </ul>			
<i>Day:</i>		<i>Time:</i>	