Appointment for a New Problem

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Print this form and fill in Section 1 before your appointment.

Complete Section 2 at the end of your appointment if you have a health problem that needs treatment.

Section 1	
Health information	
What questions or concerns do I want addressed during the	nis appointment?
My symptoms	
Do I have any symptoms? Include how long I've had them where it is, how it feels, and how severe it is.	and what helps relieve them. If I have pain, describe
If I have had these symptoms before, what helped then?	
Has there been a recent change in my normal routine (for divorce)?	example, sleeping, eating, recent death of a loved one,
Health conditions or diseases	
Do I have any health problems? Have I ever been hospital	lized?
Health problem or hospitalization	Details
Allergies	
Fill in the following information if you have allergies to med	dicines or other substances.
Medicine or other substance	My reaction
Medicine or other substance	My reaction
	

Stop here. By the end of your appointment, make sure you have answers to the questions in Section 2.

Section 2: Summary of your appointment and next steps							
What is the diagnosis?							
What does it mean in plain English?							
What might happen next?							
Do I need a medicine?		Yes	No	If yes, fill in the following information.			
Name of medicine	How much and how often	en to take it		What to watch for			
Do I need surgery or ano	ther treatment?	Yes	No	If yes, fill in the following information.			
Name of treatment	Who will do it	Where it wil	l be d	done and what to do to prepare for it			
What are the risks and benefits of medicine, surgery, or other treatment? Fill in the following information about the treatment your health professional recommends for this condition.							
What are the chances that the treatment will work?							
What are the risks associated with the treatment?							
What might happen if I delay or avoid treatment?							
How soon will I see results of the treatment?							

What other treatment options are available?								
Do I need a medical test or X-ray?	Yes	No	If yes, fill in the following information.					
What is the name of the test?								
Will the test results change the treatment? If yes, explain:								
How do I get the test results?								
What home treatment can I do? Ask the following questions about what you can do to help treat your condition.								
What do I need to change? How?								
Eating:								
Sleeping:								
Exercise:								
Other:								
What home treatment do I need to add (for example, using a humidifier)?								
I have concerns about being able to carry out my part of the treatment.	Yes	No	If yes, discuss them with your health professional now.					
Where can I get more information about this problem or the treatment?								
How soon do I need to make a decision about getting a test or starting treatment?								
What signs and symptoms should I watch for?								

When should I call to report	signs and symptoms?						
Is there a chance that some	one else in my family r	night get the same cor	ndition?				
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When should I contact my health professional? Fill in the appropriate box below with the date and time.							
Check here if no	Call for test results or to report how I		Return for an appointment:				
contact is needed.	am doing:						
	Date:	Time:	Date:	Time:			

Reminder

Bring to your appointment all your medicines or a list of all the medicines you are taking.

