Doctor Visit Checklist

Prepare before your appointment and use the notes section during your visit.

Name _____ Date and time _____

Clinician _____ Office phone _____

Before the visit

☐ Write my top three concerns below; note symptoms and when they began.

☐ List all medicines, vitamins, and supplements, including doses and frequency.

☐ List allergies and reactions; gather relevant records and home readings.

☐ Bring ID, insurance card if applicable, and pharmacy contact information.

☐ Confirm location, transportation, paperwork, and any test preparation.

☐ Ask about an interpreter or other assistance; arrange support if wanted.

☐ Bring this checklist, a pen, and glasses or hearing aids if used.

My three main concerns or questions

1. _____

2. _____

3. _____

During the visit

☐ Describe symptoms, recent health changes, and medicine concerns honestly.

☐ Ask about recommended tests or treatments, options, and costs.

☐ Explain any difficulty following the plan; ask for plain-language explanations.

Before leaving and after the visit

☐ Repeat the plan in my own words and request written instructions.

☐ Confirm medicine changes, referrals, and when to return.

☐ Know how and when to get test results and whom to call with questions.

☐ Ask what symptoms need prompt help; arrange follow-up and review results.

My next steps and follow-up notes

Medicines or care instructions _____

Tests or referrals _____

Results expected by _____ Follow-up date _____

General education only. Follow your healthcare team's instructions. Keep this completed sheet private.

Based on NIH and AHRQ patient guidance. Sources are listed in the companion ICHCare article.