THINGS I WANT TO REMEMBER

What are the most important things I would like to talk about at my visit today?

(provider: check if discussed)

1. ____________________________________________ □
   ____________________________________________
   ____________________________________________

2. ____________________________________________ □
   ____________________________________________
   ____________________________________________

3. ____________________________________________ □
   ____________________________________________
   ____________________________________________

Anything else:
   ____________________________________________
   ____________________________________________
   ____________________________________________

Examples:

-Symptoms   -Medications   -Forms
-Lab results -Side effects   -Diet
-Referrals   -Concerns      -Exercise

For MA: Patient needs help to fill out? □ No □ Yes -------> Time spent for form _____ mins.

Developed by the Family Health Center, San Francisco General Hospital