

Name:

Date:

Provider:

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.