



1. What are the 2 or 3 most important topics that the patient wants to discuss in their visit today:

a. _____

b. _____

c. _____

2. Does the patient need med refills? Yes No

a. For what medications?

3. Since last visit, has the patient had any of the following exams performed at another clinic?

a. Lab Test: _____

b. X-Rays: _____

c. Other Tests: _____

4. Since last visit, has the patient had any other tests performed? Which tests?

5. Since last visit, has the patient been to the hospital recently? Yes No

6. Since last visit, has the patient been to the emergency room recently? Yes No

7. Since last visit, has the patient had any specialty services in the last month? Yes No

8. Did you bring any papers/forms/letters that you need the provider to fill out or
sign for you? Yes No