

## Patient Agenda Form

Please take a moment to answer the questions below in order to best use the time spent at your appointment with the doctor today.

Name \_\_\_\_\_ Date \_\_\_\_\_

1. What concerns do you want to be sure to discuss at today's appointment? \_\_\_\_\_

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2. What symptoms do you want the doctor to be aware of? \_\_\_\_\_

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3. What providers (Hospital, Emergency Room, Urgent Care Clinic, Specialist, etc.) have you seen since your last visit? \_\_\_\_\_

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4. Please list all allergies \_\_\_\_\_

5. Do you have specific requests for (please circle)?

\* New medications

\*Tests/Referrals

\* Completion of forms

\*Work/School Forms

6. Please make sure you inform the front desk if any of the following has changed since your last visit:

\* Address

\* Telephone Number

\* Insurance

\* Pharmacy