What I want my provider to know

NAME:
DATE:
DON'T FORGET! What Gives Meaning to My Life Is:
Symptoms since last visit:
Severity of recent symptoms:
Comparison of symptoms/severity at other recent visits: (better/worse/same since last visit):
Use of medications and any side effects
Update medical status/status exam: My health has been
The other medical concerns I'm dealing with are:
Questions for the doctor:
Goal for the visit:
We have done the following to protect or improve what gives meaning to my life:
By the end of this visit

PLEASE SCAN OR SOMEHOW PLACE THIS INTO THE SESSION NOTE YOU KEEP REGARDING YOUR TREATMENT OF ME.