

Appointment for a New Problem

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Print this form and fill in Section 1 before your appointment.

Complete Section 2 at the end of your appointment if you have a health problem that needs treatment.

Section 1	
Health information	
What questions or concerns do I want addressed during this appointment?	
My symptoms	
Do I have any symptoms? Include how long I've had them and what helps relieve them. If I have pain, describe where it is, how it feels, and how severe it is.	
If I have had these symptoms before, what helped then?	
Has there been a recent change in my normal routine (for example, sleeping, eating, recent death of a loved one, divorce)?	
Health conditions or diseases	
Do I have any health problems? Have I ever been hospitalized?	
Health problem or hospitalization	Details
Allergies	
Fill in the following information if you have allergies to medicines or other substances.	
Medicine or other substance	My reaction
Medicine or other substance	My reaction

What other treatment options are available?			
Do I need a medical test or X-ray?	Yes	No	If yes, fill in the following information.
What is the name of the test?			
Will the test results change the treatment? If yes, explain:			
How do I get the test results?			
What home treatment can I do? Ask the following questions about what you can do to help treat your condition.			
What do I need to change? How?			
Eating:			
Sleeping:			
Exercise:			
Other:			
What home treatment do I need to add (for example, using a humidifier)?			
I have concerns about being able to carry out my part of the treatment.	Yes	No	If yes, discuss them with your health professional now.
Where can I get more information about this problem or the treatment?			
How soon do I need to make a decision about getting a test or starting treatment?			
What signs and symptoms should I watch for?			

When should I call to report signs and symptoms?

Is there a chance that someone else in my family might get the same condition?

When should I contact my health professional? Fill in the appropriate box below with the date and time.

Check here if no contact is needed.

Call for test results or to report how I am doing:

Return for an appointment:

Date:

Time:

Date:

Time:

Reminder

Bring to your appointment all your medicines or a list of all the medicines you are taking.



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