

PROVIDER VISIT PREPARATION WORKSHEET

Complete before each appointment and bring it with you

Organized, specific information helps your provider spend visit time on your care.

This guide is for informational purposes only and does not constitute legal, medical, or financial advice.

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Visit Information

Patient Name	Date of Visit	Provider / Clinic	Specialty (if known)

Main Reason for Today's Visit

Describe in one or two sentences:

Reason

Top Concerns or Questions for This Visit

1.	2.	3.	4.

Symptom Details

When did symptoms begin?	Onset	Pattern	If Pain — Character
<input type="checkbox"/> Within last 24 hours <input type="checkbox"/> Within last week <input type="checkbox"/> Within last month <input type="checkbox"/> More than 1 month ago <input type="checkbox"/> Ongoing / chronic	<input type="checkbox"/> Sudden <input type="checkbox"/> Gradual <input type="checkbox"/> Unsure	<input type="checkbox"/> Constant <input type="checkbox"/> Comes and goes <input type="checkbox"/> Worsening <input type="checkbox"/> Improving	<input type="checkbox"/> Sharp <input type="checkbox"/> Burning <input type="checkbox"/> Dull ache <input type="checkbox"/> Pressure <input type="checkbox"/> Tingling

Pain Scale (0-10)	Location of Pain / Symptom

Current Medications

Medication	Dose	Frequency	Prescribing Provider	Side Effects?

Treatments Already Tried for This Problem

Check all that apply:

<input type="checkbox"/> Medications	<input type="checkbox"/> Physical therapy	<input type="checkbox"/> Procedures / injections	<input type="checkbox"/> Surgery
<input type="checkbox"/> Home remedies	<input type="checkbox"/> Lifestyle / diet changes	<input type="checkbox"/> Chiropractic / alternative	<input type="checkbox"/> Other: _____

Results / Response to Prior Treatments

Tests or Imaging Already Done

Test / Imaging	When	Where / Facility	Results Available?

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Provider Plan & Next Steps (Complete During or After Visit)

Provider Notes / Instructions	Follow-up timeframe

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