



# Preparing for Your First Visit

## What to bring:

- Insurance/Health Card and a form of valid ID
- All medication (bring the bottle or blister packs with you)
- Previous Health Records

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Do you see any other doctors or healthcare professionals/specialists? **Yes/No**  
If Yes, list their names and specialty

\_\_\_\_\_  
\_\_\_\_\_

Do you use tobacco products? **Cigarettes/Vaping/Cigars/None**

If yes, how much/how many packs per day? \_\_\_\_\_

How many alcoholic drinks do you consume in a week? **Beer/Wine/Liquor**

\_\_\_\_\_

## Medications (prescription & over the counter) and vitamins and supplements.

Medication/Supplement Name	Dosage (how much)	Frequency (how often)	Why you use it



Place an X next to the things that you would like to discuss with your provider.

### **Your Diet & Lifestyle**

\_\_\_ Alcohol Use

\_\_\_ Appetite Changes (Diet & Nutrition)

\_\_\_ Tobacco Use

\_\_\_ Weight Changes

### **Physical Health**

\_\_\_ Bone/Joint Pain or Stiffness

\_\_\_ Bowel Problems

\_\_\_ Chest Pain

\_\_\_ Dizziness or Lightheadedness

\_\_\_ Headaches

\_\_\_ Hearing Changes

\_\_\_ Hospitalizations or Recent ER Visits

\_\_\_ Shortness of Breath

\_\_\_ Skin Changes

\_\_\_ Vision Changes

\_\_\_ Urinary Problems or Feeling Wet

\_\_\_ Blood Sugar

\_\_\_ Cholesterol

\_\_\_ Blood Pressure

\_\_\_ Preventive Screenings

\_\_\_ Heart Health

### **Emotional Health**

\_\_\_ Intimacy Issues or Changes in Sexual  
Activity

\_\_\_ Loneliness or Feeling Isolated

\_\_\_ Sadness or Feeling Down

\_\_\_ Memory Problems or Trouble Thinking

\_\_\_ Feeling Anxious or On Edge

### **Everyday Living**

Place an X next to the things that you would like to discuss with your provider.

\_\_\_ Accidents, Injuries or Falls

\_\_\_ Advanced Directives

\_\_\_ Daily Activities

\_\_\_ Driving/Transportation/Mobility

\_\_\_ Exercise

\_\_\_ Living Situation

\_\_\_ Sleep Problems or Changes in Sleep  
Patterns