

Appointment checklist

Make sure you're ready for your appointment

Please b	ring to your v	visit:			
☐ Your insu	rance card and pho	to ID			
☐ Any form	ns you were asked to	complete			
	all of your current m your medicine bottl		ng vitamins and sup	plements	
☐ Any med	ical records that you	ı may have			
☐ A list of o	questions for your d	octor			
☐ The name	es of any specialists	you see			
Please circle	what you'd like to	talk about at you	r visit:		
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Medicines	Screenings	Health problems	Shots (like flu or COVID-19)	Test results	Other (use other side to give more details)
Please circle	any health goals yo	ou'd like help wit	h:		
Å,				<u>*</u>	
Exercise	Diet and healthy eating	Weight loss	Coping with loneliness or	Changing unhealthy	Taking medicine

depression

habits

correctly

At your visit, your doctor will:

- Talk about your health and answer any questions you have
- Check your blood pressure, weight and other vital signs
- Talk about screenings or tests you may need
- Check your medicines
- Set your health goals
- Create a care plan to help you reach your goals

Notes:		

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