

Initial Doctor's Appointment

Doctor's Name:

Date:

Doctor's Address:

Office Phone #:

My Symptoms:

I've been experiencing these symptoms for:

I have changed this behavior and/or started taking new medication:

Questions:

1. I researched my symptoms and found... What do you think?
2. What can I research that will give me more information about what you've told me?
3. What should I work on before my next visit?
4. Are there any precautions I should be aware of? What about medication precautions?
5. Can I treat this without medication?
6. What steps should I take at home for personal wellness?
7. When should I come see you again? Date?

Research:

Websites to visit:

Exercises, food changes, etc.:

Notes: