



“Between You And Your Doctor”

Name: \_\_\_\_\_ Date: \_\_\_\_\_

What is the main reason for your visit today? \_\_\_\_\_

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

What other things would you like to review if possible? Please list in order of importance:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Do you need any of the following:

Prescription renewal(s): \_\_\_\_\_

\_\_\_\_\_

Forms filled out

Work excuse

Other: \_\_\_\_\_

\_\_\_\_\_