## Office Visit Checklist

| Date of Visit  |   |                                       |  |
|--|---|---------------------------------------|--|
| Current list of medications, inclu   | ding over-the-co                                    | ounter medications,                   | prescription medications                   |
| and supplements:   | J   | ŕ                                     |  |
| Medication   | Dose  | Frequency                             | Notes                                      |
|  |   |                                       |  |
|  |   |                                       |  |
|  |   |                                       |  |
|  |   |                                       |  |
|  |   |                                       |  |
| lease list any health concerns you   | may have below.                                     |                                       |  |
|  |   |                                       |  |
|  |   |                                       |  |
|  |   |                                       |  |
|  |   |                                       |  |
|  |   |                                       |  |
| las there been any shanges in you  | r physical or mont                                  | al boalth since your la               | ct visit with this provider?               |
|  | r physical or ment                                  | al health since your la               | st visit with this provider? I             |
|  | r physical or ment                                  | al health since your la               | st visit with this provider? I             |
|  | r physical or ment                                  | al health since your la               | st visit with this provider? I             |
|  | r physical or ment                                  | al health since your la               | st visit with this provider? I             |
|  | r physical or ment                                  | al health since your la               | st visit with this provider? I             |
| o, please describe them below.   |   |                                       |  |
| o, please describe them below.   |   |                                       |  |
| o, please describe them below.   |   |                                       |  |
| o, please describe them below.   | changes in presci                                   | riptions after this visit             | ?  |
| Has there been any changes in your o, please describe them below.  Are there any new prescriptions, or Medication          | changes in presci                                   | riptions after this visit             | ?  |
| o, please describe them below.  Are there any new prescriptions, or  Medication  | changes in presci                                   | riptions after this visit             | ?<br>Instructions                          |
| o, please describe them below.  Are there any new prescriptions, or  Medication  Did your doctor refer you to any ot       | changes in presci                                   | riptions after this visit             | ?<br>Instructions                          |
| o, please describe them below.  Are there any new prescriptions, or  Medication  Did your doctor refer you to any ot       | changes in presci                                   | riptions after this visit             | ?<br>Instructions                          |
| o, please describe them below.  Are there any new prescriptions, or  Medication  Did your doctor refer you to any ot       | changes in presci                                   | Frequency  g this visit? If so, leave | ?<br>Instructions                          |
| o, please describe them below.  Are there any new prescriptions, or  Medication  Did your doctor refer you to any othelow. | changes in presci<br><b>Dose</b> her provider durin | Frequency  g this visit? If so, leave | ?  Instructions  e instructions or details |
| o, please describe them below.  Are there any new prescriptions, or  Medication  Did your doctor refer you to any other    | changes in presci<br><b>Dose</b> her provider durin | Frequency  g this visit? If so, leave | ?  Instructions  e instructions or details |
| o, please describe them below.  Are there any new prescriptions, or  Medication  Did your doctor refer you to any other    | changes in presci<br><b>Dose</b> her provider durin | Frequency  g this visit? If so, leave | ?  Instructions  e instructions or details |