Visit Information Sheet

Name:_____

Date:_____

Name of **Primary** Physician:_____
If "**Medicare"** is your primary insurance, I **CANNOT** be your primary care physician.

Prioritize you chief CONCERN TODAY? _____

NOTE: I am **NO** longer able to extend visits beyond 30 minutes.
We will schedule another visit/appointment if needed.

Therefore, **please** be mindful of the time and how you wish to use it.
I will do my best to be efficient. Thank you.

Prescription Medications (please, **DO NOT** write "same as before")

NAME DOSE REASON/PURPOSE

1._____

2._____

3._____

4._____

5._____

If you have more than 5 meds; it's a good idea to keep a 'typed' list with you.

Supplements/Over the counter Items (please, **DO NOT** write"same as before")

NAME DOSE REASON/PURPOSE

1._____

2._____

3._____

4._____

5._____

6._____