### Before My Doctor’s Visit

<table>
<thead>
<tr>
<th>Date of visit</th>
<th>________________________</th>
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<tbody>
<tr>
<td>Doctor’s name</td>
<td>________________________</td>
</tr>
<tr>
<td>Address</td>
<td>__________________________</td>
</tr>
<tr>
<td>Phone</td>
<td>__________________________</td>
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<tr>
<td>Reason for this visit</td>
<td>______________________</td>
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Symptoms/medical problem you are having  

How long have you had this problem or symptoms? 

Questions you want to ask the doctor about this problem or symptoms  

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### At the Doctor’s Office

Record any diagnosis (name of the problem) your doctor gives you  

Record the name and phone number of any other doctor that you should see about your medical problem  

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Phone</td>
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### Questions to Ask About Prescription Medicines

(If my doctor prescribes medicine for me, here are some important questions to ask)

1. What is the name of the medicine and what is it for?  
   
   - [ ] brand name or the [ ] generic name?

2. How and when do I take it—and for how long? 

3. What side effects should I expect, and what should I do about them? 

4. Should I take this medicine on an [ ] empty stomach or [ ] with food?  
   Is it safe to drink alcohol with this medicine?  
   - [ ] yes  
   - [ ] no

5. If it’s a once-a-day dose, is it best to take it in the [ ] morning or [ ] evening?

6. What foods, drinks, or activities should I avoid while taking this medicine? 

7. Will this medicine work safely with any other medicines I am taking?  
   - [ ] yes  
   - [ ] no

8. When should I expect the medicine to begin to work, and how will I know if it is working?  

9. How should I store this medicine?  

10. Is there any written information available about the medicine?  
   - [ ] yes  
   - [ ] no  
   Is it available in large print or a language other than English?  
   - [ ] yes  
   - [ ] no

### After My Doctor’s Visit

Call your doctor immediately if you are having any problems with your treatment.

Call your doctor or pharmacist if you think you are having troubling side effects with any medicine prescribed or recommended for you.

<table>
<thead>
<tr>
<th>Pharmacy</th>
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<tbody>
<tr>
<td>Phone</td>
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Record the date and time for any scheduled blood tests, x-rays, or other medical tests ordered by your doctor  

<table>
<thead>
<tr>
<th>Test</th>
<th>__________________________</th>
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<tbody>
<tr>
<td>Phone</td>
<td>__________________________</td>
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<tr>
<td>Testing facility</td>
<td>______________________</td>
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</tbody>
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Record the date and time of your next doctor’s visit  

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Keep up to date  
Use 1 sheet for each doctor you visit

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