

WRITE DOWN QUESTIONS OR CONCERNS YOU HAVE FOR YOUR HEALTHCARE PROVIDER.  
USE THE SPACE PROVIDED TO TAKE NOTES THAT YOU CAN REFER TO LATER.

Appointment with: \_\_\_\_\_ Date: \_\_\_\_\_  
(Provider Name)

Primary Reason(s) for Visit: \_\_\_\_\_

List of questions/concerns:

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

Answer: \_\_\_\_\_

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

Answer: \_\_\_\_\_

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

Answer: \_\_\_\_\_

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

Answer: \_\_\_\_\_



*American Pain Foundation*  
A United Voice of Hope and Power over Pain