

## QUESTIONS FOR MY HEALTHCARE PROVIDERS



Write down questions or concerns you have for your healthcare provider. Use the space provided to take notes during your visit so you can refer to them later.

Appointment with: \_\_\_\_\_  
(Provider's Name)

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

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

Symptoms/Medical problems you are having: \_\_\_\_\_

List of questions/concerns:

1.

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

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

\_\_\_\_\_

2.

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

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

\_\_\_\_\_

3.

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

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

\_\_\_\_\_

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