Regular Checkup for a Lifelong Condition

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Print this form and fill in the following information if this is a regularly scheduled appointment with your health professional.

What questions or concerns do I want addressed during this appointment?

Do I have any new symptoms? ○ Yes ○ No
If yes, include how long I have had them and what helps relieve them. If I have pain, describe where it is, how it feels, and how severe it is.

Has there been a recent change in my normal routine (for example, sleeping, eating, recent death of a loved one, or divorce)? ○ Yes ○ No
If yes, describe briefly:

Have I been diagnosed with any new disease or condition? If yes, fill in the following information: ○ Yes ○ No

Condition or disease	Health professional who diagnosed the condition	What was the prescribed treatment?

Have I had any recent medical tests (blood, urine, X-rays, or other tests) that this health professional did not order? If yes, fill in the following information: ○ Yes ○ No

Name of test	Date	Results

Am I taking any prescription or over-the-counter medicines that my health professional is not aware of? If yes, fill in the following information: ○ Yes ○ No

Name of medicine	Why am I taking it?

Do I have any new allergies to medicines, foods, or other substances? ○ Yes ○ No
If yes, fill in the following information:

Medicine or substance	My reaction

Treatment issues

Have I had any difficulty carrying out my treatment for this condition? ○ Yes ○ No
If yes, describe briefly:

Have I had any recent stresses that may affect my ability to care for the condition I have? ○ Yes ○ No
If yes, describe briefly:

Do I need any special written information or instructions to help me care for the disease or condition I have, such as instructions about monitoring my blood sugar if I have diabetes? ○ Yes ○ No

Are there any new treatments or tests for this condition?

What are the benefits and risks of the new treatments or tests?

What could happen if I choose not to have the new treatment or test?

Reminder

- Bring any records you have been keeping since your last visit, such as a blood sugar record if you have diabetes.