

Medical Visit Form

Date of Visit: _____

Place of Visit: _____

1. Fill this form when there is a change in how you are feeling and before you go to the medical appointment. It will help explain why you are visiting the medical professional and it will help you remember what the medical professional recommends that you do.
2. Take your whole folder (Individualized Medical Assistance Portfolio- IMAPS) with you to the medical visit and refer to this form during the visit.
3. In the folder, under Medical History, be sure to show the medical professional the list of your current medications.
4. Ask the medical professional to write down important information and recommendations in the space provided.

Reason for Visit:

Problem:	What does it feel like:	How long has it been going on (dates):	Does anything make it better or worse:	Doctor thinks it sounds like:	Doctor recommends
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My Pain is:



Where on my body, is the pain located? _____

Has this pain happened before? ___ yes ___ no

Medications (please list all the medications that I will be taking following the visit):

Name	Dosage	Purpose of Medication	Time to take Medication
_____	_____	_____	_____
_____	_____	_____	_____