Questions for My Doctor

Healthcare Navigation Library

Knowledge is your best benefit.

Appointment Date: _____

Healthcare Provider: _____

Specialty: _____

My Main Concern Today

_____

_____

Questions About My Symptoms

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Questions About My Medications

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Questions About Tests or Procedures

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Questions About My Treatment Plan

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Questions About Insurance or Costs

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Questions About Home Care or Caregiving

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Other Questions

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Answers I Received

_____
_____
_____
_____
_____
_____

My Next Steps

□ Schedule a follow-up appointment

□ Pick up my medication(s)

□ Other (for example: complete lab work, schedule imaging, call my insurance company, contact a specialist, or follow another recommendation from my healthcare provider.)

_____
_____

Additional Notes

_____
_____
_____
_____

Bring this form with you to your next appointment and keep it in your Healthcare Navigation Binder.

Healthcare Navigation Library

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