

# Patient checklist



What's on your mind today?

Please mark 2 or 3 items you want to talk about.

Name: \_\_\_\_\_

## Health and well-being

Please circle what you'd like to talk about at your visit:



Medicines



Screenings and tests



Diabetes



Shots (vaccinations)



Other

## Health discussions

Please tell your doctor if you're having problems with any of these:

Leaking urine/bladder control

Balance problems or falling

## Healthy living

To help keep myself healthy, I would like to work on:



Exercise



How to eat healthy



Weight loss



Coping with stress



Changing unhealthy habits



Taking medicine correctly

## Patient health questions

Over the past 4 weeks, how often have you been bothered by any of the problems below?

Little interest or pleasure in doing things

Not at all

Several days

More than half the days

Nearly every day

Feeling down, depressed or hopeless

Not at all

Several days

More than half the days

Nearly every day

## Physical health

Over the past 4 weeks, how often have you had problems completing your daily activities because of your health?

Difficulty completing daily activities

Not at all

Several days

More than half the days

Nearly every day

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