

# Doctor Visit Book

## Questions or concerns you have for your doctor:

1.

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2.

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3.

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## Any health or life changes since your last visit?

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## Discuss these important topics:

**1. Falls**

Have you fallen since your last visit?

**2. Physical Activity**

What's the right amount for you?

**3. Bladder**

Have you had any issues with bladder control?

**4. Mental Health**

How are you feeling emotionally since your last visit?

## Review your medications with your doctor:

Ask your doctor to review any prescriptions, over-the-counter medicines, vitamins, and supplements you currently take. Bring your medications to your appointment or list them below—include how much and how often you take each.

### My medications, vitamins, and supplements:

1.

2.

3.

4.

5.

6.

### Any notes or comments about your medications:

### Notes from your visit:

Review your notes at a later date, or share with a loved one or caregiver.