Questions and Notes

Sponsored by the Monmouth County Board of County Commissioners

Developed in partnership with the Monmouth County Senior Advisory Council

www.visitmonmouth.com

Monmouth County Division on Aging, Disabilities and Veterans' Services

How to talk with your Doctor

3000 Kozloski Road, Freehold, NJ 07728
Phone: 732-431-7450 / Fax: 732-303-7649

Before your Doctor's Visit

1. Arrange for someone to be with you so you can have a second set of eyes and ears.

2. Ask your doctor if you can bring your cell phone with a speaker phone function to allow a family member or caretaker to listen and ask questions during your appointment.

3. Write down questions and concerns to ask your doctor. (see back panel)

4. Bring or provide a list of medications you are taking from all of your doctors. The list should include all your over the counter medications, vitamins, supplements and home remedies.

5. Tell the doctor how you are feeling.
   I feel _____
   _____
   _____
   _____
   _____

During your Doctor's Visit

Check each box you would like to discuss with your doctor.

1. Please review my medications and explain why they are prescribed. ☐

2. I have fallen. ☐
   Explain _____
   _____
   _____

3. I have experienced changes in my daily routine. ☐
   Explain _____
   _____
   _____

4. I am experiencing incontinence. ☐
   Explain _____
   _____
   _____

5. I am having memory loss that concerns me. ☐
   Explain _____
   _____
   _____

6. I'm experiencing pain. ☐
   Explain _____
   _____
   _____

7. Tell the doctor if you are experiencing any changes in your body and overall health. ☐
   Explain _____
   _____
   _____

Before you leave your Doctor's Office

1. Did you make your follow-up appointment? ☐
2. Do you have your prescriptions? ☐
3. Do you need a referral/prescription for tests and blood work? ☐
4. Did you sign a release form to allow a family member or caretaker to discuss your medical information with your doctor? ☐

Check off each question to ask your doctor.

1. What is my diagnosis? ☐
2. How are you going to treat my condition? ☐
3. What medications will you prescribe? ☐
4. Will I experience any side effects from any medication? ☐
5. How long will I have to take this medication? ☐
6. Will this condition affect my physical or mental state? ☐
7. Will your office be able to provide me with a print out of what we discussed today and all my test results? ☐
8. Will other doctors be involved in my treatment? Will you provide me with their contact information? ☐
9. How often will I need to come in for treatment? ☐
10. Do you have any preventative suggestions? ☐
11. What special foods should I eat or avoid? ☐