



# Doctor Visit Book

## Questions or concerns you have for your doctor:

1.

---

---

2.

---

---

3.

---

---

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

---

---

---

## 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.

---

---

---

---

---