



APPOINTMENT CHECKLIST

PERSONAL INFORMATION

- ☐ Full name, date of birth, and contact information
- ☐ Insurance details (policy number, provider, etc.)
- ☐ Emergency contact information
- ☐ Any recent changes in contact information or personal details

MEDICAL HISTORY

- ☐ Any diagnosed medical conditions (chronic illnesses, allergies, surgeries, etc.)
- ☐ List of medications (name, dosage, frequency)
- ☐ Immunization records (if applicable)
- ☐ Family medical history (especially genetic conditions, cancers, or chronic diseases)

CURRENT HEALTH CONCERNS

- ☐ Description of symptoms you are experiencing (pain, discomfort, fatigue, etc.)
- ☐ When symptoms began and how they have changed
- ☐ Severity of symptoms (mild, moderate, severe, constant, intermittent)
- ☐ Any new or unusual changes in your health (skin changes, weight loss/gain, changes in mood or behavior, etc.)

QUESTIONS FOR THE DOCTOR

- ☐ Write down any specific questions you have about your health, treatment options, medications, lifestyle changes, etc.
- ☐ Use **Project Healthvocate Question list** for guidance
- ☐ Ask about lifestyle changes, exercise, diet, mental health, etc.
- ☐ Clarify any instructions or recommendations from previous visits





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TEST RESULTS

- ☐ Copies of any recent lab results, X-rays, or imaging
- ☐ Any specialist referrals or letters from other doctors
- ☐ If you've had recent tests done (blood work, imaging, etc.), bring the results or request them from the testing facility

VITAL SIGNS AND MEASUREMENTS

- ☐ If you have access to recent vital signs (blood pressure, weight, temperature), bring those
- ☐ Record of recent health check-ups or screenings (e.g., cholesterol, blood glucose, mammograms, etc.)

INSURANCE AND BILLING

- ☐ Any questions about coverage, co-pays, or pre-authorizations
- ☐ Clarification on which services or procedures are covered

*REFER TO THE PROJECT HEALTHVOCATE WEBSITE FOR A FAMILY TREE AND DETAILED LIST OF QUESTIONS



FOLLOW-UP AND FUTURE APPOINTMENTS

- ☐ Confirm the next steps or follow-up visits needed
- ☐ Any referrals to specialists or letters from other doctors
- ☐ Clarify timing for test results or additional treatments
- ☐ Prescription refills (if needed)

