Doctor Visit Checklist

Your time with your doctor is precious. Do the thinking now to make sure you bring up everything relevant and get the most out of your doctor's time (and your own).

When was your last eye exam?
- □ Less than 6 months ago
- □ 6-12 months ago
- □ More than 12 months ago

When was your last hearing exam?
- □ Less than 6 months ago
- □ 6-12 months ago
- □ More than 12 months ago

Do you have problems with your sight or hearing?
- □ Yes
- □ No

If you live with a chronic condition, are the symptoms...
- □ Manageable / the same
- □ Better than before
- □ Worse than before

Circle the number of each type of medication you are currently taking. Take a list to show your doctor.

Prescription	0-3	4-6	6+
Over the counter	0-3	4-6	6+
Vitamin / Supplement	0-3	4-6	6+

Have you fallen since your last doctor visit?
- □ Yes (How many times? __)
- □ No

Any trips, stumbles, or moments of dizziness/ poor balance?
- □ Yes (How many? __)
- □ No

Are you afraid of falling?
- □ Yes
- □ No

Rate your sleep:
- □ Great! More than 7 hours
- □ Okay, 5-7 hours
- □ Poor / disrupted, less than 5 hours

Do you find any of these movements difficult?
- □ Walking down stairs
- □ Walking up stairs
- □ Getting out of a chair or bed
- □ Bending down
- □ Turning or twisting

What exercise have you been doing recently? At what level of intensity? (gentle = easy conversation/no sweat, hard = can't talk/high sweat)

□ Walking/running	gentle/hard
□ Swimming	gentle/hard
□ Weight lifting	gentle/hard
□ Exercise class	gentle/hard
□ Tai Chi/Yoga	gentle/hard
□ other_____	gentle/hard