

To better prepare medical visits

Date of appointment: _____

Place of appointment: _____

Name of physician: _____

Name of pharmacist: _____

Name of community
local services center: _____

Prepare your medical appointment

List of changes, questions and issues of concerns

Overall health: _____

Physical symptoms: _____

Psychological symptoms: _____

Side effects of medications:
(if applicable) _____

Other information: _____



Bring your list of medications and the daily diary (e.g. ParkiTrack)

What we have learned from this medical appointment

The most relevant points for us are:

Date of next appointment: _____

Location of appointment: _____

Physician's name: _____

Do we have any particular follow-up to do before the next appointment?

<input type="checkbox"/> Yes. What?	
When?	
Where?	
With whom?	
<input type="checkbox"/> No	

Inspired and adapted from Parkinson Québec, 2016