Questions to Ask at the Doctor’s Office

Diagnosis:

• What is the name of the condition? ____________________________
• How do you spell it? ____________________________
• What causes this problem? ____________________________
• What do you think caused this problem? ____________________________
• How will this affect daily activities? ____________________________
• Is this diagnosis permanent? ____________________________
• How will this condition impact future plans? ____________________________
• How will it be treated/managed? ____________________________
• How will this interact with other medical problems? ____________________________
• A specialist has said ____________, do you agree? ____________________________

Medications:

• What is the name of the medication? ____________________________
• What is its generic name? ____________________________
• What will it treat? ____________________________
• Should it be taken with or in between meals? ____________________________
• Can the pill be split if the dose is too high? ____________________________
• What activities should be avoided while on this medicine? ____________________________
• What food should be avoided on this medicine? ____________________________
• Should this be taken with a full glass of water? ____________________________
• How long until the medicine starts to work? ____________________________
• What happens if a dose is missed during the day? ____________________________
• What are the common side effects? ____________________________
• What are the rarer side effects? ____________________________

Medical tests:

• Why is this test being done now? ____________________________
• Is any special preparation needed for the test? ____________________________
• Is it possible to drive afterward? ____________________________
• Are there possible side effects? ____________________________
• How will the results be delivered? ____________________________
• What impact does it have in combination with current medications? ____________________________

NOTES:

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