

Provider Communication Checklist

Take this guide with you to your next primary care visit, along with your current medication list, to help you keep track of important health related matters.



Name: _____

Physician Name: _____ Date of Visit: _____

Upcoming tests and test results

Did you and your provider discuss recent test results (including blood work, x-rays, or other tests)?

yes no not applicable – no recent test results to discuss

What did you and your provider discuss about your test results?

Did your provider schedule any additional tests (including blood work, x-rays, or other tests)? yes no

Upcoming tests:

Test type: _____ Date: _____

Test type: _____ Date: _____

Test type: _____ Date: _____

Prescription Medications

Did you and your provider discuss your current medication list?

yes no not applicable – no current medications

What did you and your provider discuss about your current medications?

Did your provider prescribe any additional medications at this visit? yes no

Additional medications: _____

Next Steps

Did you and your provider discuss any follow-up care or appointments?

yes no not applicable – no follow-up care needed

Upcoming appointments:

Provider: _____ Reason: _____ Date: _____

Provider: _____ Reason: _____ Date: _____

Provider: _____ Reason: _____ Date: _____