

Step 2 – Questions I Have for My Physician: Medical issues are becoming more and more complex. Most physician visits are brief but should include what you would like to discuss. While not all issues may be addressed, having a list and setting priorities are important steps. **Primary or main question:**

Other questions that I would like addressed:

Step 3-Current Medical issues and medical history (Please check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> dizzy or fainting spells | <input type="checkbox"/> loss of appetite | <input type="checkbox"/> cancer |
| <input type="checkbox"/> failing vision | <input type="checkbox"/> difficulty swallowing | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> leg pain – when walking | <input type="checkbox"/> heartburn | <input type="checkbox"/> thyroid disease |
| <input type="checkbox"/> bronchitis/chronic cough | <input type="checkbox"/> peptic ulcer | <input type="checkbox"/> seizures |
| <input type="checkbox"/> asthma/wheezing | <input type="checkbox"/> nausea/vomiting | <input type="checkbox"/> stroke |
| <input type="checkbox"/> shortness of breath | <input type="checkbox"/> gallbladder trouble | <input type="checkbox"/> headaches |
| <input type="checkbox"/> chest pain with activity | <input type="checkbox"/> worsening chest pain | <input type="checkbox"/> jaundice/hepatitis |
| <input type="checkbox"/> arthritis/rheumatism | <input type="checkbox"/> depression/anxiety | <input type="checkbox"/> blood transfusions |
| <input type="checkbox"/> diarrhea/constipation | <input type="checkbox"/> back pain | <input type="checkbox"/> AIDS/HIV |
| <input type="checkbox"/> swollen ankles | <input type="checkbox"/> osteoporosis | <input type="checkbox"/> sexual concerns |
| <input type="checkbox"/> palpitations | <input type="checkbox"/> bloody or tarry stools | <input type="checkbox"/> gout |
| <input type="checkbox"/> blood in urine | <input type="checkbox"/> sleep difficulty | <input type="checkbox"/> suicidal |
| <input type="checkbox"/> muscle soreness/weakness | <input type="checkbox"/> anemia/bruise easily | <input type="checkbox"/> weight loss/gain |

Female patients – please complete

Menstrual flow: regular irregular flushing/menopausal symptoms

Date of last period _____

Step 4 – Prevention

The best way to treat a disease is to prevent it from happening. BP: _____

What is your cholesterol? _____ Minutes of activity per week: _____

What is your blood sugar? _____ Are you watching your diet: _____

What is your blood pressure? _____ Weight: _____

Are you a smoker? _____ Cigarettes per day: _____ Quit date: _____

Are there stresses in your life or are you depressed: _____

Conclusion

Do not take your health for granted. Prepare for your next physician visit. Keep a copy for your records and leave one for your physician's chart. Do not be afraid to say to your doctor that you do not understand certain points of your health. If you cannot get an appointment as early as you feel necessary, send this to my office and leave the best time to call you. Only patients who complete this form and returned one week before next meeting will have their charts available at the "LIFE" session. Do not forget to use the ER for true emergencies like chest pain coming from your heart unrelieved by 3 sprays of Nitro taken 5 mins apart that lasts greater than 15 mins. Call 911

**The War AGAINST atherosclerosis
must be fought on many fronts**