

Worksheet 1

Family Health History

At your first visit and perhaps subsequent visits, your doctor will likely ask you about your family's health history. A family medical history can identify people with a higher-than-usual chance of having common disorders, such as heart disease, high blood pressure, stroke, certain cancers, and diabetes. These disorders are caused by a combination of genetic factors, environmental conditions, and lifestyle choices. A complete family medical history should include information about your grandparents, uncles and aunts, cousins, parents, sisters, and brothers. This form can help you organize your thoughts about conditions and illnesses that have affected your family members. You can download more copies of this form at www.nia.nih.gov/health/twyd-worksheets.

Family Medical History

Family Member	Disease or Condition





Questions to Ask Your Doctor

When choosing a new doctor, answers to the following questions can help you decide. You can download more copies of this form at www.nia.nih.gov/health/twyd-worksheets.

What Do You Need to Know About a Doctor?	
BASICS	
Question	Answer
Will language be an obstacle to communication? Is there someone in the office who speaks my language?	
Do I prefer a group practice or an individual doctor?	
Does it matter which hospital the doctor admits patients to?	
Does it matter whether the doctor supports clinical research?	
LOGISTICS	
Question	Answer
Is the location of the doctor's office important?	
Is there parking? What does it cost?	
Is the office on a bus or subway line?	
Does the building have an elevator? What about ramps for a wheelchair or walker?	

OFFICE POLICIES

Question	Answer
What days/hours does the doctor see patients?	
Are there times set aside for the doctor to take phone calls?	
Does the doctor accept emailed questions? Is there a charge for this service?	
Does the doctor ever make house calls?	
How far in advance do I have to make appointments?	
What's the process for urgent care?	
How do I reach the doctor in an emergency?	
Who takes care of patients after hours or when the doctor is away?	
How do I access my medical records to keep track of diagnoses, test results, treatment plans, and medications?	



Worksheet 3

Changes to Discuss

Tell your doctor about any changes in your life since your last appointment. The list below can help you think of what to mention. Of course, all the things on this list won't apply at every visit! Tear out this form and make a copy of the blank list so you will always have a clean copy to use. Or you can download additional copies of the form at www.nia.nih.gov/health/twyd-worksheets. Then, take a minute to think about each of these possible topics. Jot down when you first noticed each change. Use the last column to note any additional information that may be helpful for the doctor to know.

Your Physical Health		
Topic	Date	Notes
Recent hospitalizations or emergencies		
Bone/Joint pain or stiffness		
Bowel/Bladder problems		
Chest pain/Shortness of breath		
Headaches/Feeling dizzy or lightheaded		
Vision/Hearing changes		
Skin changes		
Your Medications, Mental Health, and Lifestyle		
Alcohol use		
Weight changes		

Diet/Appetite changes		
Medications		
Tobacco use		
Your Thoughts and Feelings		
Feeling lonely or isolated		
Feeling sad, down, or blue		
Problems with memory or thinking		
Problems with sleep or changes in sleep patterns		
Everyday Living		
Accidents, injuries, or falls		
Daily activities		
Exercise		
Problems with intimacy or sexual activity		
Driving/Transportation/ Mobility		
Advance directives		
Living situation		



Worksheet 4

Concerns

At each visit, your doctor will likely ask about your concerns. It's a good idea to think about what you'd like to talk about before the actual visit. This form can help you organize your thoughts.

Tear out this form and make a copy of the blank form so you will always have a clean copy to use. Or download additional copies from NIA's website at www.nia.nih.gov/health/twyd-worksheets. Then, after you make an appointment, take a minute to write down the name of the doctor and the appointment details (for example, the date, time, and address). Use the form to make a list (in order, from most important to least important) of the concerns you want to discuss.

Doctor:	Appt. Date:
Time:	
Address:	Phone:
Appointment Details (Most Important to Least Important)	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
Notes:	



Worksheet 5

Medications

You may be taking many different medicines as well as numerous vitamins and over-the-counter drugs. It can be confusing to keep track of everything! This form can help. Because your medication regimen may change over time, tear out this form and make a copy of the blank form so you will always have a clean copy to use. Or you can download additional copies from NIA's website at www.nia.nih.gov/health/twyd-worksheets. Try to bring a completed and updated copy of this form to every doctor appointment.

Name of Medication	What It's For	Date Started	Doctor	Color/ Shape	Dose	When and How Often

