

QUESTIONS FROM YOUR DOCTOR

*WHAT BRINGS YOU HERE TODAY? WHAT WOULD YOU LIKE ME TO DO FOR YOU TODAY?

*WHAT ARE YOUR MOST BOTHERSOME SYMPTOMS? HOW DID THEY START? HOW LONG HAVE YOU BEEN EXPERIENCING THEM? HOW SEVERE ARE THEY? HAVE THEY BECOME WORSE OVER TIME? HAVE YOU BEEN ABLE TO IDENTIFY ANY TRIGGERS OR PATTERNS REGARDING THE ONSET OF THESE SYMPTOMS? WHERE IS THE LOCATION OF THESE SYMPTOMS? HOW HAVE THEY AFFECTED YOUR QUALITY OF LIFE?

*TELL ME ABOUT YOUR FAMILY MEDICAL HISTORY. HAS ANYONE ELSE IN YOUR FAMILY EXPERIENCED SOMETHING SIMILAR OR DO THEY HAVE OTHER SIGNIFICANT HEALTH ISSUES?

*DO YOU HAVE ANY OTHER HEALTH PROBLEMS? SURGERIES? HOSPITALIZATIONS? HAVE YOU SEEN ANY OTHER DOCTORS OR HAD ANY TESTS RELATED TO YOUR CURRENT ILLNESS?

*ARE YOU NOW OR HAVE YOU EVER TAKEN ANY PRESCRIPTION OR OVER-THE-COUNTER MEDICATIONS? DO YOU TAKE ANY VITAMINS OR SUPPLEMENTS?

*TELL ME ABOUT YOUR LIFESTYLE CHOICES. DO YOU EXERCISE, EAT HEALTHY, SMOKE, DRINK, ETC.? HAVE YOU EVER STRUGGLED WITH DEPRESSION OR MENTAL OR EMOTIONAL HEALTH ISSUES?

*WHAT TREATMENTS HAVE YOU TRIED IN THE PAST? WHAT ARE YOUR SHORT-TERM AND LONG-TERM GOALS FOR TREATMENT?

*DO YOU HAVE ANY OTHER QUESTIONS FOR ME TODAY?

