

Welcome! Thank you for helping us prepare for your visit. Your input is very valuable!



1. **How have you been since your last visit?** For example, have you had any:

- New symptoms, health worries, or life changes?
- Visits to a hospital, emergency room, tests, or visits to specialty doctor offices?
- Medication changes?

[These great tips](#) can help you explain your medical problems so your doctor or nurse can best help you.

2,000 character limit (about 300 words)

2. **What are the most important things you would like to discuss at your visit?** (List up to 3)

300 character limit total (about 50 words)

- 1.
- 2.
- 3.

3. **If possible, please review your medication list. Is it correct?** If yes, go to the next question. If not, what is wrong or missing?

4. **Do you need refills?** If no, go to the next question.

A. If yes, which meds and how much (1 month? 3 months? Other?):

B. Which pharmacy should the refill go to?

5. **Please fill in as many of the following numbers as you can.** This can save time and help your visit go more smoothly. If you track any of these at home, please have your list (or "log") handy for the visit. Below are some links to help you. If you can't fill this in, don't worry.

Weight:

[Temperature:](#)

[Blood pressure:](#)

[Heart rate:](#)

If you have diabetes and use a blood sugar tester (glucometer), please list your [blood glucose](#), the date you checked it, and if it was after food or fasting:



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