

TAMMY E. BAKER, MD

OBSTETRICS



GYNECOLOGY

Patient Agenda Form

Please take a moment to answer the questions below in order to best use the time spent with your provider.

Name: _____ Date: _____

1. What concerns do you want to be sure to discuss at today's appointment?

2. What symptoms do you want your provider to be aware of?

3. What providers (hospital, Emergency Room, Urgent Care Clinic, Specialist, etc.) have you seen since your last visit?

4. Please list any medication changes (including OTC, vitamins and supplements)

Drug Name: _____ Dose: _____ Time(s) of Day Taken _____ Refill needed? (30 or 90 days) _____

5. Please list your preferred pharmacy (name, phone #, location including zip code):

6. Please list all allergies: _____

7. Do you have specific requests for:

- New medications: _____
- Tests/Referrals: _____
- Completion of forms: _____
- Work/School forms: _____

8. Have you been prescribed a narcotic by any provider in the last 30 days? _____

9. Contact Information

Cell #: _____ Receive text/voice notification reminders: yes or no

Home #: _____ Work #: _____

E-mail address for reminders:

Preferred method of communication (circle one): Cell Work Home Mail E-mail