Office Visit Questionnaire

Your Name: _____

Please describe the health issues you want to discuss at your Office Visit. Then please label them with a "1", "2", "3", etc. based on the importance of the issue to you. Feel free to use the other side of the page if you'd like. (Please note: we don't save this paper questionnaire. We use it to guide the conversations that you'll have with Dr B and the staff. It then gets shredded.)