Information for My Doctor or Health Care Provider

Use this sheet to organize information to report a problem or symptom to your doctor. It also can be used with any health care professional such as a home care nurse, dietitian or dentist. You can use this page to write down reminders or add notes that a health care provider gives you.

Describe Your Problem:

• When did this problem start?
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________

• What are your symptoms?
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  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________

• What makes your problem better?
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  ____________________________________________________________
  ____________________________________________________________
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More on next page ➔
• What makes your problem worse?

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• What do you think your problem is?

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__________________________________________________________
__________________________________________________________
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Pain Information:
• Do you have pain? Where is the pain?

__________________________________________________________
__________________________________________________________

• Rate your pain on a scale of 1 to 10 with 10 being the most painful.
  1  2  3  4  5  6  7  8  9  10

• Do you have pain all the time or does it come and go?

__________________________________________________________

• What word best describes your pain? (Stinging, burning, cramping, aching, cutting, dull).

__________________________________________________________

Other Information:
• Have you had this problem before?

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__________________________________________________________
__________________________________________________________

• What did you do about this problem at that time?

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__________________________________________________________
__________________________________________________________
• Give information about all medicines that you are taking. This includes: prescription medicines, over the counter remedies, food supplements, herbal or mineral products, or other remedies.

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• Review all treatments you are now receiving or recently have had. This could be treatment related to a current problem such as physical therapy. It also could be some other treatment that does not seem to be related to the current symptom such as chiropractic, acupuncture, massage or others.

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Questions for My Health Care Provider:

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Comments / Answers From My Health Care Provider:

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• Talk to your doctor or others on your health care team if you have questions. You may request more written information from the Library for Health Information at (614) 293-3707 or email: health-info@osu.edu.