

Wellness Worksheet

Fill out this worksheet and bring it with you to your next appointment to help you remember important information or questions to bring up during your visit.

GYNECOLOGIST APPOINTMENTS

Date: _____ Time: _____ Doctor's name: _____

Date: _____ Time: _____ Doctor's name: _____

MY PERSONAL HEALTH INFORMATION

Relevant family medical history: _____

Date of last period: _____

Currently experiencing symptoms including: _____

Medications: _____

Allergies: _____

QUESTIONS TO ASK AT MY NEXT APPOINTMENT
