

# PURPOSE OF TODAY'S VISIT

Insurers require this information at each visit for each item addressed. Their monitoring and guidelines rarely allow visits over 25 minutes. This allows us to handle two brief or one more complex problem per visit.

Please be clear, list **all items** for today's visit. Dr. Carstensen prepares for your visit by reviewing this information. Thank you.

What bothers you? \_\_\_\_\_ Where in the body? \_\_\_\_\_

Describe it: stinging, burning, aching, etc. \_\_\_\_\_

When did it start? \_\_\_\_\_ How severe? **MILD** **MODERATE** **SEVERE**

Is it **CONSTANT**? \_\_\_\_\_ If not, then how long do episodes last? \_\_\_\_\_

Anything seem to cause it? \_\_\_\_\_ Worsen it? \_\_\_\_\_

Lessen it? \_\_\_\_\_ Stop it? \_\_\_\_\_

Anything associated or occur with it? \_\_\_\_\_

Have you seen other doctors about this? **NO** **YES**

If YES:

What tests were done? None or \_\_\_\_\_

What was wrong? Don't know or \_\_\_\_\_

What treatment? Nothing or \_\_\_\_\_

Did it work? **NO** **YES**

What do you think is wrong? \_\_\_\_\_ What should we do? \_\_\_\_\_

Is there something you are very worried this might be? **NO** or \_\_\_\_\_

Since your last visit, any changes in?

Health of family members? \_\_\_\_\_

Your health habits? \_\_\_\_\_

Your health that I don't know about? \_\_\_\_\_

\_\_\_ I have a private matter I prefer to only discuss with the doctor.