

Once you've called KCHC at **262-656-0044** to schedule a Medical, Dental & Behavioral Health appointment we recommend using this worksheet to prepare. This list will help you make the most of your time spent with your provider and help you achieve your best health!

**Family health history your doctor should be aware of including a history of heart disease, high blood pressure, stroke, certain cancers, or diabetes.**

Family Relation: \_\_\_\_\_ Condition: \_\_\_\_\_

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**Recent hospitalizations or emergencies your doctor is not aware of.**

Date: \_\_\_\_\_ Condition: \_\_\_\_\_ Treatment Location: \_\_\_\_\_

Date: \_\_\_\_\_ Condition: \_\_\_\_\_ Treatment Location: \_\_\_\_\_

Date: \_\_\_\_\_ Condition: \_\_\_\_\_ Treatment Location: \_\_\_\_\_

**Do you have a new ache or pain you want to ask the doctor about?**

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**Do you have dental concerns including swollen or bleeding gums, aches, pains, or other concerns?**

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**Do you have medical conditions you'd like to talk about such as stiff joints, chest pain, shortness of breath, skin changes, vision, or hearing problems?**

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**Current medications, mental health, and lifestyle including alcohol and tobacco use, weight gain, diet, or appetite changes.**

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**Your thoughts and feelings, including feeling lonely or isolated, feeling sad or down, problems with memory or sleeping pattern concerns?**

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**Other routine requests you'd like to make like a flu or COVID-19 vaccination?**

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