



## Questions for Your Clinician

Welcome to Women's Healthcare Associates. Our goal is to provide you with exceptional medical care, and to be sure your health concerns are addressed during your visit today. Please take a moment to write down questions or issues you would like to discuss with your clinician. Then give this page to your medical assistant who will enter it into your medical record.

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Your name: \_\_\_\_\_ Today's date: \_\_\_\_\_

### Check all that apply:

- Prescription refills** - List medications you need refilled, along with the doses and how often you take them.

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- I need forms filled out** - Please fill out your portion prior to your visit, and state the type of form here (work release, disability, or medical leave related to your pregnancy or surgery).

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- Referral request** - Please indicate to whom (pediatrician, primary care provider, physical therapy, counselor, or other).

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