

## Agenda Setting Form

Today's Date:        /        /         
(mm) (dd) (yyyy)

Dear Patient,

*In order to address your healthcare concerns today, please complete the questions below. Return this completed form to the receptionist and we will look over it together.*

Thank you!

**1. What is the ONE main concern you would like us to focus on today?**

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**2. If there is enough time available today, what other concerns would you like to discuss?**

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**3. Do you need any prescriptions refilled today?**

No

Yes please list \_\_\_\_\_

**4. Have you been to the hospital, ER, Urgent Care or Specialist(s) since your last visit?**

No

Yes please list dates, facilities and specialist(s): \_\_\_\_\_

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**5. Have you had any of the following performed since our last visit?**

Lab Tests: please list type and when \_\_\_\_\_

X-Rays: please list type and when \_\_\_\_\_

Please list type \_\_\_\_\_

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**DOCTOR USE ONLY**

Plan of Care:

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Appointment: \_\_\_\_\_