

# Threlkeld Infectious Disease Patient Agenda Form

Please take a moment to answer the questions below in order to best use the time spent today with your provider.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. What concerns do you want to be sure to discuss at today's appointment?

---

---

---

2. What symptoms do you want your provider to be aware of?

---

---

3. Do you have specific request for:

- New medications \_\_\_\_\_
- Refills \_\_\_\_\_
- Tests \_\_\_\_\_
- Completion of forms \_\_\_\_\_
- Leave slips \_\_\_\_\_
- Any other concerns \_\_\_\_\_

**Note: Please give this completed form to your provider or nurse.**