

# Pre-Interview Worksheet



Fill out this form and keep for your reference so you have relevant information on hand during interviews

## Doctors visited in the last 5 years

Doctor Name: \_\_\_\_\_ Specialization: \_\_\_\_\_

Address: \_\_\_\_\_

Visit Date: \_\_\_\_\_ Reason for Visit: \_\_\_\_\_

Treatment or Test Receive: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Specialization: \_\_\_\_\_

Address: \_\_\_\_\_

Visit Date: \_\_\_\_\_ Reason for Visit: \_\_\_\_\_

Treatment or Test Receive: \_\_\_\_\_

## Prescription & OTC Medications

Name	Dosage	Reason	Date Taken	Date Last Taken

## Medical History / Conditions

Some common medical conditions and information that may be necessary to disclose: Cancer, Diabetes, Heart Disease/Heart Attack, High Blood Pressure, Kidney Disease, Coronary Conditions, Retinopathy, Hypertension, Neuropathy, Insulin Reaction, Urine Protein/Microalbumin, Cerebrovascular/Peripheral Vascular Disease.

Condition	Date of Onset	Last Date of Treatment	Results	Doctor

## Important Numbers

SSN: \_\_\_\_\_ Driver's License # \_\_\_\_\_