COMMONWEALTH UROLOGY

PATIENT AGENDA FORM

Please take a moment to answer the questions below to help us prepare for your needs today. Please keep this form with you and give to our clinical staff when they greet you.

Patient name _____ Date _____

1. What concern do you want to discuss with your physician during you appointment?

_____

_____

2. What problems or symptoms do you want your physician to be aware?

_____

_____

3. Do you have request for :
   - New Medications _____
   - Refills _____
   - Referral _____
   - Test or Test Results _____
   - Completion of Forms _____
   - Work or school Excuse _____
   - Other _____

4. If you are a patient under our care please rate how you are doing since your last visit by circling the following choices:

   No change a little better somewhat better much better

   Other_____