

Pre-Appointment Checklist

Gastrointestinal Health

Dear [Patient's Name],

As you prepare for your upcoming appointment with us, please review the following checklist to ensure a productive visit:

Personal Information

- Full name
- Date of birth
- Medical record number (if applicable)

Medical History

- List of current medications (including dosages)
- Previous gastrointestinal issues
- Family history of gastrointestinal diseases

Symptom Tracker

Please note any of the following symptoms you have experienced:

- Abdominal pain
- Changes in bowel habits
- Nausea or vomiting
- Unexplained weight loss

Recent Tests and Records

- Recent bloodwork results
- Imaging studies (X-rays, CT scans, etc.)
- Endoscopy or colonoscopy reports

Questions for Your Doctor

Prepare any questions or concerns you wish to discuss during your appointment.

We look forward to your visit and are here to support your gastrointestinal health.

Sincerely,

[Provider's Name]

[Practice Name]

[Contact Information]