

**QUESTIONS YOU WANT TO ASK YOUR DOCTOR
PATIENT SAFETY CHECKLIST**

List all questions you want to ask the doctor before you leave his office. Give the list to your doctor or nurse at your medical appointment. *Keep a copy of this information in your file.*

Doctor's Name	Type of Doctor	Date:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Doctor's Name	Type of Doctor	Date:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Doctor's Name	Type of Doctor	Date:
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2. _____	_____	_____
3. _____	_____	_____
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3. _____	_____	_____
4. _____	_____	_____