

Patient ID#: _____

DOB: _____

Room #: _____



LMU - DeBusk College of Osteopathic Medicine, Department of Outpatient Services

6965 Cumberland Gap Parkway, DCOM Building - Suite 203
Harrogate, Tennessee 37752
423-869-7193

Visit Agenda

Physician Name: _____

Help us to help you. Please take a moment to answer the questions below. Your provider will use this information to best use the time spent with you today.

1. Name: _____ Date: _____

2. What is the single most important concern you want to be sure is discussed today?

3. Are there any secondary health concerns you would like discussed today?

4. Do you have specific requests for any of the following?

• Medication Refills: _____

• Referrals: _____

• Tests: _____

• Completion of Forms: _____

• Other: _____

Client Signature: _____