



# Carillon Sports and Family Medicine

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## Medical Visit Agenda

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Your health is important to us and we strive to provide you with the best medical care possible. In order to thoroughly address your concerns and maximize today's visit, please complete this form prior to the visit.

1. What is the purpose of today's visit?

Establish care/new patient visit

Physical exam/well visit

Evaluation/treatment of new problem

Routine follow-up

Procedure

Medication refill(s)

Sick visit

Other: \_\_\_\_\_

2. Please list (in order of importance) **ALL** of the questions/concerns/problems that you would like to discuss. Please note that we may not be able to address **ALL** of these items during today's visit.

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3. In order for you to get the most out of today's visit, please take note of the following:

- We are usually only able to adequately address 2-3 items during one visit.
- Your insurance company will **NOT** pay for a physical exam **AND** another service (follow-up visit, evaluation of a new problem, procedure, etc.) during the same visit. Therefore, a follow-up visit will be needed to provide additional services.
- We are usually **NOT** able to perform a procedure **AND** another service during the same visit. A follow-up visit will be needed to provide additional services.
- If you are being seen for a "sick" or "acute" visit, we **CANNOT** also provide routine follow-up or medication refill(s).