



HEALTH APPOINTMENTS

USE THIS LOG TO KEEP TRACK OF YOUR UPCOMING APPOINTMENTS

Appointment Date: _____ Appointment Time: _____

Physician /
Healthcare Provider: _____ New Provider? Y or N

Address: _____ Phone: _____

Reason for Appointment: _____

Insurance on Record Bring Proof of Insurance No Insurance / Self-Pay

Are any necessary tests or lab work needed in advance of appointment? Y or N

Name of Test: _____

Date Completed: _____

Completed At (Location): _____

Results Received? Y or N

Do you need any new prescriptions / refills? Y or N

Name of Prescription: _____ Dosage: _____

Condition: _____ Next Refill: _____

Are there any questions or notes of concern with regards to your treatment?

Appointment Summary:

Note: Use this section during your appointment to record your physician's care instructions and any changes in treatment.

Next Appointment Date: _____

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