HEALTH APPOINTMENTS

USE THIS LOG TO KEEP TRACK OF YOUR PATIENT'S 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 regard to the patient's treatment?

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

Next Appointment Date: _____   Appointment Time: _____

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