

Medical Appointment Records

DOCTOR VISITS
 OTHER SERVICES
 THERAPISTS

(Best to use a separate page for each category.)

Year _____

Date _____ Dr. / Other _____

Purpose _____

Temperature _____ Blood Pressure _____ Pulse _____

Glucose _____ Other _____ Weight _____

Blood Test _____

Lab
 X-ray
 Other Tests _____

Special Referral
 Dr. / Other _____

Phone () _____
 Referral Slip
 X-ray Copy

Purpose _____

Next Appointment: Date _____ Time _____

Request copy of Dr.'s report sent to Home and
 Other _____

Visit Summary _____

QUESTIONS - CONCERNS

(It is always helpful to have your list ready before your meeting.)

Date _____ Dr. / Other _____
