



Doctor's Visit Form

Try this for your next doctor's visit:

- Bring a friend or family member (because four ears and two brains are better than two ears... you get it).
- Print this form and take it along with you to your next doctors office visit.

Recording the information supplied by your doctor can help you to focus, to remember details, plus as you process what was said by writing it down, you'll know whether you have a clear understanding, questions or concerns.

After your visit, post the form on your refrigerator, share it with caregivers or keep it filed with other important medical information.

With this form, all you have to commit to memory is to bring it home!

DOCTOR'S NAME _____

TODAY'S DATE _____

VISIT RESULTS

Use this section to keep track of new diagnoses or the status of existing conditions.

DOCTOR'S ADVICE

Include recommendations for exercise, diet, physical therapy and so on.

MEDICATION ALERT

Note any changes in medications, including new prescriptions and what they treat, dosages and times per day that medication is required.

REFERRAL REMINDER

If your doctor advises you to see any kind of specialist – from a cardiologist to a nutritionist – record it here. Jot down the specialist's:

NAME _____ PHONE _____

EMAIL _____ ADDRESS _____

REASON FOR REFERRAL

NEXT APPOINTMENT

Clearly record the date and time of your next doctor visit – even if you make routine visits that you think you won't forget.

NAME _____ PHONE _____



My Doctors

Do yourself (and those who care about and for you) a favor by keeping your healthcare details up-to-date and in a format that's easy to share.

YOUR NAME _____ TODAY'S DATE _____

PHYSICIAN'S NAME _____ SPECIALTY _____

ADDRESS _____ PHONE _____

HOSPITAL AFFILIATION _____ HOSPITAL PHONE _____

PHYSICIAN'S NAME _____ SPECIALTY _____

ADDRESS _____ PHONE _____

HOSPITAL AFFILIATION _____ HOSPITAL PHONE _____

PHYSICIAN'S NAME _____ SPECIALTY _____

ADDRESS _____ PHONE _____

HOSPITAL AFFILIATION _____ HOSPITAL PHONE _____

PHYSICIAN'S NAME _____ SPECIALTY _____

ADDRESS _____ PHONE _____

HOSPITAL AFFILIATION _____ HOSPITAL PHONE _____

PHYSICIAN'S NAME _____ SPECIALTY _____

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PHYSICIAN'S NAME _____ SPECIALTY _____

ADDRESS _____ PHONE _____

HOSPITAL AFFILIATION _____ HOSPITAL PHONE _____

PHYSICIAN'S NAME _____ SPECIALTY _____

ADDRESS _____ PHONE _____

HOSPITAL AFFILIATION _____ HOSPITAL PHONE _____

PREFERRED PHARMACY _____ NAME _____

ADDRESS _____ PHONE _____

PHARMACIST'S NAME _____ TECH'S NAME _____



YOUR NAME _____ TODAY'S DATE _____

ALLERGEN/DRUG/FOOD _____

TYPE OF REACTION (I.E. ANAPHYLAXIS, RASH, VOMITING, HEADACHE) _____

ALLERGEN/DRUG/FOOD _____

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Food & Symptom Tracker

Sometimes it's hard to link cause to effect, which is why you might try using this daily food & symptom tracker form. Log what you take in, then record any symptoms that result. It'll help you identify food triggers, make healthy changes and in general track how your diet makes you feel. Be sure to bring it along when you visit your doctor.

YOUR NAME _____

TODAY'S DATE _____ TIME _____ WEIGHT _____

MEAL DESCRIPTION _____

SYMPTOMS/DISCOMFORT (IF ANY):

- FLUSHING BLOATING GURGLING GAS ABDOMINAL CRAMPS / PAIN HEARTBURN CONSTIPATION FEVER
 URGENT BOWEL MOVEMENT BLOODY DIARRHEA OTHER _____

MEAL DESCRIPTION _____

SYMPTOMS/DISCOMFORT (IF ANY):

- FLUSHING BLOATING GURGLING GAS ABDOMINAL CRAMPS / PAIN HEARTBURN CONSTIPATION FEVER
 URGENT BOWEL MOVEMENT BLOODY DIARRHEA OTHER _____

MEAL DESCRIPTION _____

SYMPTOMS/DISCOMFORT (IF ANY):

- FLUSHING BLOATING GURGLING GAS ABDOMINAL CRAMPS / PAIN HEARTBURN CONSTIPATION FEVER
 URGENT BOWEL MOVEMENT BLOODY DIARRHEA OTHER _____

MEAL DESCRIPTION _____

SYMPTOMS/DISCOMFORT (IF ANY):

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