



# 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.

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**DOCTOR'S ADVICE**

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

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**MEDICATION ALERT**

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

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**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**

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**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 \_\_\_\_\_

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 \_\_\_\_\_

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) \_\_\_\_\_

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



# 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 \_\_\_\_\_

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 URGENT BOWEL MOVEMENT    BLOODY DIARRHEA    OTHER \_\_\_\_\_





# Medical History



DIAGNOSIS	DATE	MEDICATIONS	TREATMENT/SURGERIES	DATE

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_