

### 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	
DOCTOR'S ADVICE Include recommendations for exercise, diet, physical to	therapy and so on.
MEDICATION ALERT  Note any changes in medications, including new preso	criptions 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 ADD	DRESS
REASON FOR REFERRAL	
NEXT APPOINTMENT  Clearly record the date and time of your next doctor vi	isit – even if you make routine visits that you think you won't forget.
NAME	



### Personal Meds Tracker

There are lots of good reasons to write down your prescription details in one place.

It's handy: keep an up-to-date print out as a reminder to take your medications and to take a copy along with you to your next doctor's visit.

It makes good sense: eliminate confusion about when you take your meds and in what order throughout the day.

It ensures good health: the fastest, safest way to share your medical history

quickly is share a copy of your *Meds Tracker* with a doctor, hospital or emergency technician.

Just remember to keep it current and keep at least one copy printed out weekly.

YOUR NAME	<b>TODAY'S DATE</b>	

DATE OF RX	MEDICATION NAME  Brand or Generic Name	DOSAGE mg, units, puffs, drops	WHEN DO YOU TAKE IT?  How many times per day?  Morning & night? After meals?	PURPOSE AND PRESCRIBING DOCTOR



### 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
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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	
	TECH'S NAME



## My Allergies netcancerawareness.org

YOUR NAME	TODAY'S DATE
ALLERGEN/DRUG/FOOD	
TYPE OF REACTION (I.E. ANAPHYLAXIS, RASH, VOMITING, HEADACHE)	
ALLERGEN/DRUG/FOOD	
TYPE OF REACTION (I.E. ANAPHYLAXIS, RASH, VOMITING, HEADACHE)	
ALLERGEN/DRUG/FOOD	
TYPE OF REACTION (I.E. ANAPHYLAXIS, RASH, VOMITING, HEADACHE)	
ALLERGEN/DRUG/FOOD	
TYPE OF REACTION (I.E. ANAPHYLAXIS, RASH, VOMITING, HEADACHE)	
ALLERGEN/DRUG/FOOD	
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ALLERGEN/DRUG/FOOD	
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	A □ OTHER			
MEAL DESCRIPTION				
SYMPTOMS/DISCOMFORT (IF ANY):				
□ FLUSHING □ BLOATING □ GURGLING □ GAS	☐ ABDOMINAL CRAMPS / PAIN	☐ HEARTBURN	☐ CONSTIPATION	□ FEVER
☐ URGENT BOWEL MOVEMENT ☐ BLOODY DIARRHEA	A □ OTHER			
MEAL DESCRIPTION				
SYMPTOMS/DISCOMFORT (IF ANY):				
□ FLUSHING □ BLOATING □ GURGLING □ GAS	☐ ABDOMINAL CRAMPS / PAIN	☐ HEARTBURN	□ CONSTIPATION	□ FEVER
□ URGENT BOWEL MOVEMENT □ BLOODY DIARRHEA	A □ OTHER			
MEAL DESCRIPTION				
SYMPTOMS/DISCOMFORT (IF ANY):				
□ FLUSHING □ BLOATING □ GURGLING □ GAS	☐ ABDOMINAL CRAMPS / PAIN	☐ HEARTBURN	□ CONSTIPATION	□ FEVER
□ URGENT BOWEL MOVEMENT □ BLOODY DIARRHEA	A □ OTHER			



### My Daily Journal

Use this space to reflect on how you feel, what you're thankful for and any insights you have about yourself, your condition or anything at all. Sometimes writing things down helps to make your path clearer. YOUR NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_



# Daily Vitals Chart netcancerawareness.org

DATE	TIME	BP: SYSTOLIC/DIASTOLIIC	PULSE	TEMP	WEIGHT	NOTES



# Medical History

DIAGNOSIS	DATE	MEDICATIONS	TREATMENT/SURGERIES	DATE			
NOTES:							