

# DOCTOR VISIT



Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM  
Doctor: \_\_\_\_\_ Speciality: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Pager/Emergency Contact Number: \_\_\_\_\_  
Purpose of Visit: \_\_\_\_\_  
Staff Member/Name Contact Information for Questions: \_\_\_\_\_

## CURRENT MEDICATIONS / DOSAGE / TIMING

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## BEFORE YOU GO

Symptoms to Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Actions I have Taken: \_\_\_\_\_  
\_\_\_\_\_  
Changes in:  Mood  Stress  Diet  Sleep  Energy Level  
 Other \_\_\_\_\_  
Additional Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WHILE YOU'RE THERE

Vital Stats: weight \_\_\_\_\_ blood pressure \_\_\_\_\_ heart rate \_\_\_\_\_

## NEXT STEPS

Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
New Prescription(s): \_\_\_\_\_  
\_\_\_\_\_  
Changes in Current RX: \_\_\_\_\_  
\_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next Appointment : \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM